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264 W. MAPLE ROAD, SUITE 200 TROY, MI 48084-5435 (248) 273-9930 FAX: (248) 273-9931 WWW.GIDRS.COM

THIS PROCEDURE WILL BE CANCELLED
IF THE PERSON THAT ACCOMPANIES
YOU LEAVES THE PREMISES

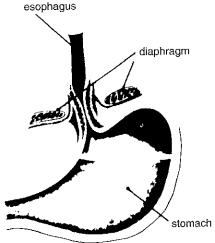
Esophagogastroduodenoscopy and/or Endoscopic Ultrasound

PREPARATION

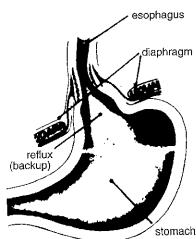
- 1. Nothing to eat or drink after midnight the night before the examination.
- No medication of any kind including Maalox, Mylanta, etc., after Midnight the night prior to the examination, however, if your test is scheduled in the morning, <u>heart</u> and <u>blood pressure</u> <u>medications</u> may be taken with a small cup of water around 6:00 a.m.
- 3. If your test is scheduled for after 12 noon, you may have a clear liquid breakfast and take your morning dose of medications routinely used, if any. Do not take any liquids after 8:30 a.m.

4.	Report to:
5.	Date:
6.	Time:

- 7. You must be accompanied to the procedure by someone who can stay there as long as you are there and who will be able to drive you home afterwards.
- 8. IF IT IS NECESSARY TO CANCEL THIS TEST, PLEASE CALL OUR OFFICE AT (248) 273-9930 EXT. 3034 OR EXT. 3036.



In the normal stomach, the esophagus (tube leading from the throat to the stomach) is closed, except when swallowing. This prevents acid in the stomach from backing up into the esophagus and irritating its sensitive lining.



In hiatal hernia, the esophagus cannot close properly. This leaves an opening through which stomach acid can pass. When the acid comes in contact with the lower esophagus, it irritates nerve endings, causing pain or a burning sensation.

MEDICATION RECORD

NAME:			
Endoscopy nurses will be asking for the medications you are presently taking. They will need to know the name of the medication and the dose. Please fill out this form completely and bring this with you for your endoscopic procedure. It is quite important that you be complete and accurate in filling out this form. We appreciate your assistance in this matter.			
	DATE:		
Medication Name (on bottle)	How are you taking this medication? (Dose)		
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			