

MGI Michiana Gastroenterology Inc.

Telephone: (574) 234-0049

Fax: (574) 234-0053

www.michianagastro.com

Upper Endoscopy Instructions

*****Please be aware, there will be 2 separate charges for this procedure. One for the Facility and one for the Doctor*****

Patient: _____ Dr. _____

Date: ____/____/____

Arrival Time: _____ am/pm

Procedure Time: _____ am/pm

____ Michiana Endoscopy Center
53830 Generations Drive
South Bend, IN 46635

____ St. Joseph's Medical Center
Outpatient Registration 2nd Floor

____ Memorial Hospital
Patient Registration – Main Entrance

Procedure Checklist – Read Today

_____ Please check with your insurance company to see if outpatient pre-certification is necessary.

_____ Someone to stay with you during the procedure and to drive you home after the procedure. You cannot take a cab home alone.

_____ Bring your insurance card(s), photo identification, and all of your medication bottles to the hospital and/or Endoscopy Center.

_____ Co-Pay if indicated.

_____ If you have not been a patient at the Michiana Endoscopy Center, please complete new patient form and bring with you on scheduled procedure date.

_____ Call the office (574) 234-0049 if you have a condition (heart valve replacement) that would require pre-procedure antibiotics.

_____ **YOU MAY DRINK LIQUIDS UP TO 2 HOURS BEFORE YOUR EXAMINATION.**

Clear liquids and juices Allowed: Water – Apple Juice – White Grape Juice – White Cranberry Juice – Lemonade (no pulp) - Bouillon (Beef, Chicken or Vegetable) – Plain Jell-O – Tea - Coffee – Carbonated Beverages (Sprite, 7Up, Sierra Mist, Ginger Ale) – Gatorade - Popsicles – Italian ice

_____ Follow printed instructions on the back of this page.

UPPER GASTROINTESTINAL ENDOSCOPY

*****PLEASE READ TODAY*****

Day Before Examination

1. No solid food after midnight.

Medications on Day of Procedure

1. Insulin dosage as directed by family physician. No oral blood sugar medication the morning of your exam. If you are diabetic, please check your blood sugar prior to arrival.
2. Please inform the nurse if you are allergic to any medications, have latex allergies, are diabetic or have had heart surgery.
3. The IV medications used to sedate you for the procedure are Fentanyl Citrate and Versed. Please let the doctor or nurse know if there has been a problem with either medication in the past. The sedation will make you forgetful; it is strongly recommended someone be with you after the procedure to talk with the doctor.
4. May take other daily routine medication

Day of Examination

1. YOU MAY DRINK LIQUIDS UP TO 3 HOURS BEFORE YOUR EXAMINATION.
2. Clear liquids and juices Allowed: Water – Apple Juice – White Grape Juice – White Cranberry Juice – Lemonade (no pulp) - Bouillon (Beef, Chicken or Vegetable) – Plain Jell-O – Tea - Coffee – Carbonated Beverages (Sprite, 7Up, Sierra Mist, Ginger Ale) – Gatorade - Popsicles – Italian ice
3. REMINDER: You must be accompanied by a driver because you will be sedated for the procedure. Do not plan to return to work, operate heavy machinery, drive an automobile, or make any important decisions the rest of the day.
4. If you wear dentures, do not use adhesive.

Phone Numbers if there are questions:

Michiana Gastroenterology, Inc.
Michiana Endoscopy Center
Hours of operation

St. Joseph Regional Medical Center
Memorial Hospital

(574) 234-0049
(574) 271-0893 or 1-866-669-8743 (toll free)
Monday – Thursday 5:45am – 5:00 pm
Friday 5:45am – 4:00pm
(574) 237-7736 8am – 4pm
(574) 647-6700 8am – 4pm

IN CASE OF AN EMERGENCY, GO TO THE HOSPITAL EMERGENCY ROOM!