
Patient Name

Physician

Procedure Date/Arrival Time

Procedure Time

Location:

- ❑ **McLaren Hospital - Pennsylvania**
2727 S. Pennsylvania Ave, Lansing
- ❑ **McLaren Hospital- Greenlawn**
401 W. Greenlawn Ave, Lansing
- ❑ **Sparrow Hospital**
1215 E. Michigan Ave, Lansing
- ❑ **Sparrow Heath Center**
2909 E Grand River, Lansing
- ❑ **Lansing Surgery Center**
1707 Lake Lansing Rd, Lansing
- ❑ **Carson City Hospital**
406 E Elm St, Carson City
- ❑ **Hayes Green Beach Hospital**
321 E. Harris St, Charlotte
- ❑ **Eaton Rapids Specialty Clinic**
1500 S. Main St, Eaton Rapids

Please call a minimum of 5 business days in advance if you need to cancel your appointment. Failure to do so will result in a \$75 charge. Upon receipt of payment you will be contacted to reschedule your appointment in 6-8 weeks.

Results and Follow Up

- Please go home and rest for the remainder of the day. Do not drive work or drive heavy machinery for the rest of the day.
- Your physician will discuss test results with you and your family member following the procedure.
- You will be given written instructions for diet, activity, and follow up instructions.
- If biopsies were taken, a results letter will be sent through our patient portal. If you are not a member of Follow My Health, the letter will be mailed within 14 days of your procedure.

Important Driving Instructions

- You must have an adult 18 years or older remain with you during the procedure and drive you home afterward. Your procedure will be cancelled if you fail to meet these requirements.

Billing Procedure

There may be up to four charges associated with your procedure (Physician, Hospital/Facility, Anesthesia, and Lab). Please verify with your insurance carrier your benefit coverage for each.

****Please be sure you bring your picture ID and insurance cards with you to the facility the day of the procedure. Failure to do so will result in cancellation of your procedure.****



Upper Endoscopy Instructions

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Board Certified
Gastroenterologists

Scheduling Department

(517) 332-1200 Option # 4

Upper Endoscopy

The purpose of this procedure is to directly visualize the mucosal lining of the esophagus, stomach, and duodenum in order to carefully inspect for disease. The principle risk of EGD is the remote possibility of perforation. Immediately prior to the passage of the instrument you may be given intravenous Demerol, Versed, or Propofol. If you are allergic to any of these, latex or eggs, please be certain that you have notified the scheduler. The risks of sedation will be discussed with you at the facility by the administering physician.

Medication

If you are taking blood thinners (Aggrenox, Plavix, Pradaxa, Pletal, Effient, Xarelto, Brilinta, Lovenox, Ticlid, Coumadin, Trental, Persantine, Heparin or Fragmin) please be certain you have notified the scheduler.

Labs

Please have any ordered bloodwork done.

___Day(s) prior to test. A requisition has been provided

___You do not need bloodwork at this time.

NOTE: Female patients of menstruating years will be required to provide a urine specimen when you arrive at the hospital/facility.

Instructions

1. **No solid foods after midnight prior to the procedure.**
2. You may have any of the following liquids up to 6 hours before the procedure: Water, apple juice, white grape juice, ginger ale, 7-UP, bouillon, tea, clear Jell-O, or lemon ice Gatorade.
3. **Do not drink anything for 6 hours before the procedure. No water, food, gum mints, hard candy. Failure to do so will result in the cancellation of your procedure.**
4. Take your heart, blood pressure, seizure, respiratory, anti-rejection, or anti-anxiety medications, or inhalers at 6:00 a.m. with a sip of water.
5. **Diabetics:** If able, please check your blood sugar and take this information with you to the hospital/surgery center. **Do not take** your insulin. **Do not take** your diabetic pills. **Bring all of your insulin with you to the procedure.**