



**GASTROINTESTINAL MEDICINE ASSOCIATES, INC.**

**www.GIMEDRI.com**

THOMAS H. McGREEN, M.D. ■ ROBERT WOLFGANG, D.O. ■ MORRIS P. ELEVADO, M.D. ■ ROBERT J. BIERWIRTH, M.D. ■ COLIN M. WOODARD, D.O.  
DEIRDRE E. SMITH, APRN, CNP ■ LAUREN M. GALLAGHER, APRN, CNP ■ KAREN SCHAFFRAN, APRN, CNP

1150 Reservoir Avenue - Suite 201  
Cranston, RI 02920  
(401) 943-1300

360 Kingstown Road - Suite 202  
Narragansett, RI 02882  
(401) 789-1860

3461 So. County Trail - Suite 301  
E. Greenwich, RI 02818  
(401) 943-1300

268 Post Road - Specialty Suite  
Westerly, RI 02891  
(401) 789-1860

**PLEASE READ ALL OF THE ENCLOSED INSTRUCTIONS AND MAKE SURE YOU HAVE OBTAINED THE DATE/TIME/LOCATION AND ANY OTHER NECESSARY INFORMATION FROM OUR OFFICE:**

NAME: \_\_\_\_\_

YOUR **UPPER ENDOSCOPY (EGD)** IS SCHEDULED AT (Facility): \_\_\_\_\_

ON: \_\_\_\_\_ ARRIVE AT: \_\_\_\_\_

ADDITIONAL INFORMATION GIVEN BY OUR OFFICE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DO NOT HAVE YOUR SUPPER AFTER 7 PM THE NIGHT BEFORE THE PROCEDURE. YOU MAY HAVE CLEAR LIQUIDS FROM 7 PM UNTIL MIDNIGHT. DO NOT EAT OR DRINK ANYTHING FROM MIDNIGHT ON UNTIL AFTER THE PROCEDURE.**

**\*\*\*\*\*CLEAR LIQUID DIET\*\*\*\*\***

SOUPS: clear broth, bouillon BEVERAGES: tea, coffee, Kool-Aid, carbonated beverages. Do not use milk or cream in your coffee or tea. JUICES: white cranberry, apple, white grape, strained lemonade—any juice that you can see through and has no pulp is acceptable, except for red juices. DESSERTS: Italian ice, popsicles, Jell-O (except red).

**THE USE OF BLOOD THINNING MEDICATIONS OR ANTI-COAGULANTS, SUCH AS COUMADIN, PLAVIX, AGGRENOX, ELIQUIS, PRADAXA ETC. SHOULD BE DISCUSSED WITH THE MEDICAL PROVIDER PRIOR TO THE EXAM, YOU WILL BE GIVEN INSTRUCTIONS REGARDING THESE MEDICATIONS. IF YOU ARE TAKING ASPIRIN, PLEASE DO NOT STOP IT PRIOR TO THE PROCEDURE, UNLESS OTHERWISE INSTRUCTED.**

**YOU WILL NEED A DRIVER THE DAY OF THE PROCEDURE. A CAB/UBER/ Ride Share, etc. IS NOT ACCEPTABLE UNLESS ACCOMPANIED BY A COMPANION.**

- YOU WILL NEED TO BRING A LIST OF YOUR MEDICATIONS & DOSAGES AND A LIST OF ALLERGIES AND TYPES OF REACTION TO THE HOSPITAL THE DAY OF THE PROCEDURE.
- PATIENTS NEED TO BRING THEIR READING GLASSES AND HEARING AIDS ON THE DAY OF THE PROCEDURE.
- WEAR COMFORTABLE CLOTHING AND LEAVE VALUABLES AT HOME.

**WE REQUIRE A 48 HOUR NOTICE IF YOU CANNOT MAKE YOUR APPOINTMENT FOR A PROCEDURE; OTHERWISE, THERE WILL BE A CHARGE OF \$100.00**

If you have any questions or concerns, please call 401-943-1303 or 401-789-1860 Extension: \_\_\_\_\_