**Upper GI Endoscopy Preparation**

**□** Prasad V. Podila, M.D. **□** Thomas V. Nattakom, M.D.

**□** Kai Noshirwani, M.D. **□** Daniel Hampton, M.D.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O **Lohman Endoscopy Center** at: 4381 E. Lohman Ave, STE A O **Memorial Medical Center** at: 2450 S. Telshor BLVD

 Las Cruces, NM 88011 Las Cruces, NM 88011

 575-522-3220 575-522-8641

**Rescheduling Procedure**

Please notify our office at (575-522-7697) at least 2 days prior to your appointment if you need to reschedule in order to avoid a potential $50.00 fee. Though we understand emergencies come up and some circumstances are unavoidable, we often have a waiting list for patients and this allows us to move patients up sooner when able.

**Important Reminders**

\* You **must** have someone to drive you home after the procedure if you have sedation during the procedure.

\* You **cannot** drive for the rest of the day following your procedure if you have sedation during the procedure.

\* Remove **all** nail polish on either pointing finger in order to allow monitoring of oxygen status during the procedure.

\* Wear comfortable, easily removed clothing.

\* Day of procedure, you need to bring your current **Insurance Card**, **List of Medications**, **this form** and your **co-pay**.

**Preparing for your Upper GI Endoscopy**

|  |  |
| --- | --- |
| **Medications** | **Diet** |
| Please follow the instructions provided by your doctorat the time of your office visit.If you have questions on specific directions related toyour medications, please call (575) 522-7697 for assistance. | Day of procedure:* No solid foods
* You may heave clear liquids up to **6 hours prior** to the procedure
 |