



Board Certified Gastroenterologist
1401 S. Beretania St. Suite 320
Honolulu, HI 96814
P (808) 888-0967 F (808) 888-0956

Name : _____

Upper Endoscopy Preparation

Please follow the instructions precisely to ensure a successful upper endoscopy procedure. **Incomplete preparation will lead to a repeat of the procedure and additional out-of-pocket patient cost.** If you need to reschedule, have any questions, or are experiencing difficulties, please call (808)888-0967 Mon-Fri 8:00am-4:00pm. If after office hours or on weekends, please call Physicians Exchange at (808)524-2575 and ask to speak with the GI Doctor on call.

DAY OF THE PROCEDURE:	
CHECK-IN TIME:	PROCEDURE TIME:
LOCATION: <input type="checkbox"/> ENDOSCOPY INSTITUTE OF HI 1401 S. BERETANIA ST, SUITE 200, 2ND FLOOR (808)312-6700	
<input type="checkbox"/> PACIFIC ENDOSCOPY CENTER 1029 MAKOLU ST, STE H (808)456-6420	

ONE WEEK BEFORE YOUR PROCEDURE:
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Please call 808-888-0967 to review the instructions and address any questions.

If you take blood thinners, please stop _____ on _____ / _____ / _____ **Please do not discontinue your medication until the nurse calls and confirms a clearance was obtained from your cardiologist.******

- ❑ Confirm you will have a driver to pick you up after the procedure.
 - The driver must be 18 years or older and present at your discharge.
 - You are REQUIRED to have an adult accompany you to any procedure in which you undergo anesthesia due to the risks and complications that may arise following the procedure.
 - If you do not have a driver, we can arrange to call a Medicab through Charley's Taxi at the patient's expense. Please let the staff know at check-in if this service is needed.

ONE DAY BEFORE YOUR PROCEDURE:

- ❑ If you take blood pressure medications, aspirin or NSAIDS, you may continue to take them as usual unless otherwise instructed by your physician.

☆ **NO SOLID FOODS starting from Midnight until after your procedure.**

DAY OF THE PROCEDURE:

CHECK-IN TIME:

PROCEDURE TIME:

(*NO SMOKING ON THE DAY OF THE PROCEDURE*)

- ☆ Take your morning medications with sips of water at least 2 hours before you leave your home for your procedure.

- **Diabetic Patients: No oral medications until after the procedure with food. Insulin users: no insulin until after the procedure with food.**

- ☆ TWO HOURS BEFORE YOUR CHECK-IN TIME: _____

PLEASE STOP ANY INTAKE BY MOUTH, INCLUDING WATER, MINT & GUM)

- Please leave all jewelry and personal items at home.
- Please do not wear contact lenses.
- ★ Please wear socks to keep your feet warm.
- A denture cup will be provided for any removable dental work.
- ★ Please bring your I.D. and insurance cards to your appointment.
- ★ Please bring a list of all your current medications, including over-the-counter.
- ★ Your facility copayment or co-responsibility will be collected on the date of service unless you made other arrangements. Please bring your preferred form of payment (credit card, check, or cash). **The physician fee and/or pathology fees will be billed separately and sent to the patient after the insurance has processed the claim.**
- Expected duration at the facility will be between 2-3 hours.
Please be aware that there may be unexpected delays from preceding cases.
- Though the risk is small, if complications arise, you may be admitted to the hospital for further observations. Complications may include bleeding, perforation, or adverse reaction to the anesthesia.

★ **If you develop symptoms such as cold, fever, persistent coughs, or runny nose, please call (808) 888-0967 to reschedule your appointment. The facility will contact you 1-2 days prior to confirm your appointment and to complete a COVID-19 questionnaire.**

MEDICATION LIST:

(*PLEASE COMPLETE THE FORM AND BRING TO THE FACILITY CENTER ON THE DAY OF YOUR PROCEDURE*)

SOURCE OF INFORMATION: _____ PATIENT _____ FAMILY _____ OTHER

ALLERGIES	REACTION	ALLERGIES	REACTION

MEDICATION NAME	DOSE	FREQUENCY	ROUTE	REASON	LAST TAKEN
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					