

# Houston Regional Gastroenterology

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ENDOSCOPY INSTRUCTIONS: DATE OF THE PROCEDURE: \_\_\_\_\_

FORT BEND SURGICAL CENTER	MEMORIAL HERMANN FC	SUGAR LAND SURGICAL CENTER	TIEC
14851 SW FWY	16906 SOUTHWEST FWY 15300	SOUTHWEST FWY #100	6620 MAIN ST. Suite 1500
SUGAR LAND, TX 77478	SUGAR LAND, TX 77479	SUGAR LAND, TX 77478	Houston, TX 77030
281-313-7300	281-243-1000	281-274-6670	713-520-8432

**\*\* THE FACILITY WILL CONTACT YOU ONE BUSINESS DAY PRIOR TO YOUR PROCEDURE WITH YOUR ACTUAL ARRIVAL TIME \*\***

**7 DAYS PRIOR TO PROCEDURE MAKE SURE TO STOP ALL ACID REFLUX MEDICATIONS.**

**5 DAYS PRIOR TO THE PROCEDURE: NO IRON, ASPIRIN, NSAIDS (Ibuprofen, Aleve ect), OR BLOOD THINNERS FOR (Lovenox, Heparin, Coumadin, Plavix, ect.)**

- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE **NIGHT BEFORE THE PROEDURE.**
- DO NOT EAT OR DRINK ANYTHING THE MORNING OF THE PROCEDURE.
- YOU MAY TAKE YOUR REGULAR MEDICATIONS THE MORNING OF THE PROCEDURE WITH A SMALL AMOUNT OF WATER.
- A **RESPONSIBLE ADULT MUST BE WITH YOU** TO TAKE YOU HOME AFTER YOUR PROCEDURE (YOU WILL BE SEDATED) NO TAXIS OR UBER ALLOWED.
- PLEASE CALL THE OFFICE AT **832-707-5011** TO SCHEDULE YOUR TWO WEEKS FOLLOW UP APPOINTMENT FOR YOUR TEST RESULTS IF YOU HAVE NOT ALREADY DONE SO.