

GI Solutions
7447 W. Talcott Ave, Suite 209
Chicago, IL. 60631

Office Phone: 773-631-2728
Answering Service: 312-492-5764



OFFICE GASTROSCOPY

Date of Procedure: ____/____/____ Time: ____am/pm

Report to suite 209, a half hour before your procedure time.

Report at: ____am/pm

Nothing to eat or drink after midnight (including NO WATER, NO MEDICATIONS, NO CHEWING OF GUM OR CANDY) except for blood pressure and heart medications which may be taken until 7 am the morning of the procedure.

ASPIRIN PRODUCTS must be discontinued 3 days prior to the exam.

If you are on Coumadin or Warfarin you must have a bleeding profile blood test done the day before or the morning of the procedure. Coumadin/Warfarin must be discontinued 5 days prior to the exam. Please talk to the office if you are taking a blood thinner.

All other medications may be taken until midnight the day before the procedure.

If you are diabetic you may not have your evening dose of your diabetes medication on the day before the test. If you use insulin, please contact your PCP regarding modification of dosage.

Female patients that are not post-menopausal (no period in over one year) are required to give a urine sample before the procedure.

If you have loose teeth they will need to be fixed prior to procedure; failure to do so will result in the cancellation of your procedure and a \$200 fee that is non-refundable through insurance.

Since you will receive IV anesthesia for this procedure you may not drive yourself home. Make sure you make arrangements for a ride home after the gastroscopy.

Typically results are available 3-5 business days after the procedure. Your physician will advise you to make an office appointment to follow up for the results or to call the office. If you are instructed to call for the results please call 773-631-2728

Please do not wear jewelry or nail polish/acrylic nails for your procedure(s).