

METROPOLITAN GASTROENTEROLOGY, P.C.  
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**PREPARATION FOR AN UPPER ENDOSCOPY**

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

**Monday          Tuesday          Wednesday          Thursday          Friday**  
SCHEDULED DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_          TIME: \_\_\_\_\_ AM/PM

**\*\*\*\* PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME. \*\*\*\***

LOCATION: The Endoscopy Center of Queens 23-25 31<sup>st</sup> Street 2<sup>nd</sup> Floor Astoria NY 11105

The following are important instructions you should follow in preparation for your procedure.

- 1. You should not have anything to eat or drink after 12:00 midnight of the night before your appointment unless otherwise directed.**
2. Please **DO NOT** chew gum or smoke until after your procedure.

**Important**

- 1. STOP ASPIRIN OR ASPIRIN-CONTAINING PRODUCTS (7) DAYS PRIOR TO YOUR EXAM. PLEASE ADVISE THE OFFICE IF YOU ARE CURRENTLY TAKING ANY BLOOD THINNERS. ie :(COUMADIN, PERSANTINE, PLAVIX...)**
- 2. You MUST be accompanied by a friend or relative to drive or assist you home. YOU WILL NOT BE ALLOWED TO DRIVE YOURSELF HOME.**
- 3. If you are CURRENTLY taking medication for a heart condition or high blood pressure please take them with a sip of water the morning of your procedure or as directed by the doctor. Do not take any diabetes medications the morning of your procedure unless instructed otherwise by the doctor.**
- 4. Please do not chew gum or smoke until after your procedure.**

**\*Please notify the office within 48 hours for Cancellation\***  
**\*The office will call you to confirm your appointment. If we cannot reach you, please call back to confirm your appointment.**  
**If you have any questions, please contact our office at the above number.**