



Gastroenterology Specialists

Diplomate, American Board Internal Medicine and Gastroenterology

Steven A. Meckstroth, M.D.
Manuel F. Bustamante, M.D.
William Gonzalez, PA-C
Karina Hooper, PA-C

Preparation Instructions for an Upper Endoscopy

Patient's Name: _____

Procedure Date: _____ Arrive by: _____ procedure at: _____

Facility: Premier Endoscopy Center PRMC NCH
 Pine Ridge North Collier
 Collier Blvd Downtown

1. It is important that you have nothing to eat after midnight, prior to your procedure.
2. You may have clear liquids until _____, which is eight hours prior to your procedure,
3. The morning of your procedure, take your morning dose of heart and blood pressure pills, with just a few sips of water.
4. If you are having a pH Bravo with your EGD, please stay off of any acid suppression medications for at least 7 days prior to your procedure

Clear Liquids

Water	Apple Juice	Beef Broth	Chicken Broth
Jell-O	Gatorade	Tea	Vegetable Broth
Coffee	Carbonated Drinks		Popsicles

NO DAIRY, CITRUS JUICES, OR ANYTHING RED-COLORED.

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME, AS YOU WILL BE SEDATED.



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MEDICATION INSTRUCTIONS

- If you are a diabetic on insulin, take ½ your regular daily dose the day before your procedure, when you are on clear liquids. Do not take your insulin the morning of your procedure. Take ½ your regular dose after the procedure when you have your first meal. Please call us if you have any questions.
- If you are taking Coumadin or Heparin, please consult with the physician before discontinuing the medication.
- Aggrenox, Persantine, and Dipyridamone should be discontinued 24 hours before procedure.
- Do not stop Prednisone or other cortisone type medication.
- Please discontinue any medication that contains aspirin or aspirin-like products five (5) days prior to your procedure (see list below). Stop these products by. _____

Examples of Medication Containing Aspirin

Advil	Ecotrin	Oxaprozin
Aleve	Excedrin	Percodan
Anaprox	Feldene	Plavix
Arthritis pain formula	Ibuprofen	Relafen
Arthotec	Indocin	Salsalate
Aspergum	Lodine	Ticlid
Bayer	Motrin	Toradol
Bextra	Midol	Vioxx
Celebrex	Mobic	Voltaren
Daypro	Naprosyn	

Tylenol (acetaminophen) is safe to take.

Please give us a call if you have any questions regarding your medications.



BILLING INFORMATION YOU SHOULD KNOW

When you have a **Colonoscopy or an Upper Endoscopy (EGD)** at any outpatient facility you could receive up to 4 bills.

1. Physician's Charge
2. Facility Charge
3. The Anesthesiologist's Charge
4. The Pathology lab charge

Our office only handles Dr. Meckstroth and Dr. Bustamante's bills. If you have any billing questions or concerns, contact our billing department at (239)593-6201.

Please contact the facility regarding the other charges involved with your procedure.

Premier Endoscopy (239) 449-4945

Signature Anesthesia (239) 278-9955

****Please check with the facility & Anesthesia to be certain that they are participating with your health insurance.**

IF YOUR INSURANCE IS OTHER THAN MEDICARE OR MEDICAID, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR CARRIER OF YOUR PROCEDURE.



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Premier Endoscopy Center

1656 Medical Blvd - Suite 201 - Naples, FL 34110
239-449-4945

Welcome to Premier Endoscopy. We hope to make this a positive experience for you.

To insure that this occurs we are asking you to follow the following guidelines:

- 1. Follow the orders from your physician concerning your preparation for the procedure.**
- 2. It is important to have someone to take you home to insure your safety after having an anesthetic. A taxi will not be permitted.**
- 3. All jewelry is to be left at home. We cannot be responsible for your valuables.**
- 4. We do not always have your medication list available to us. Please have an updated list of current medications, dosages, and medication schedule. We also need your allergies.**

We at Premier Endoscopy will do everything possible to see that your designated time for your procedure is kept. Unfortunately, emergencies do occur which can lead to your procedure being delayed.

We look forward to providing excellent care during your visit.



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PREMIER ENDOSCOPY CENTER

PLEASE LIST ALL ALLERGIES AND THEIR REACTIONS

PLEASE LIST MEDICATIONS TAKEN
(INCLUDES HERBALS, OVER THE COUNTER MEDS AND HOME REMEDIES)

Name of Med	Dose	Route	Frequency

MEDICATIONS ORDERED AFTER YOUR PROCEDURE

Name of Med	Purpose	Dose	Schedule	Possible Side Effects

Reviewed with: Patient care person Pharmacy used _____

Copied to:

Patient Attending Physician Other: _____

Date reviewed: _____ 20 ____ by: _____

**PATIENT MEDICATION
INVENTORY**

PATIENT LABEL



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NAPLES, FLORIDA 34110
239-449-4945

Please report to the second floor

