

**Patient Name:**

**Your procedure is scheduled for:**

**at**

**with Doctor:**

**Location:** Gateway Hospital  
4011 Gateway Blvd  
Newburgh, IN 47630

GI Specialty Center—MOB 6  
4219 Gateway Blvd  
Newburgh, IN 47630

Midtown Hospital  
600 Mary St.  
Evansville, IN 47710

Henderson Hospital  
1305 N. Elm St.  
Henderson, KY 42420

Enter through emergency department

Please check in at the information desk on the first floor,  
**75 minutes** prior to your appointment time.

**Arrival Time:**

If you cannot keep your appointment, please allow a three-day notice for cancellation.  
To cancel or reschedule your appointment, please call the scheduler at 812-426-9545.

## **INSTRUCTIONS FOR PREPARING FOR YOUR PROCEDURE**

If you take **blood thinning and/or weight loss medications**, please notify your GI physician as soon as possible at 812-426-9545 for instructions on when/if to stop them. See examples below:

- Aggrenox
- Eliquis
- Phentermine
- Ticlid
- Brilinta
- Invokana
- Plavix
- Wegovy
- Coumadin
- Jardiance
- Pletal
- Xarelto
- Effient
- Ozempic
- Pradaxa
- And more

### **1 DAY before your procedure**

1. **Eat a light meal in the evening before your procedure. Stop all food at midnight.**

**IF YOU HAVE DIABETES**, please follow a clear liquid diet the **ENTIRE DAY** before the procedure, which includes:

- **Juices without Pulp:** apple, white grape, white cranberry, lemonade
- **Clear Broth:** chicken, beef, or vegetable
- **Soda:** 7-up, Coke, etc. (including diet)
- **Other:** black coffee/tea (sugar/sweetener is ok), popsicles, plain jello, sports drinks

### **DAY OF your procedure**

1. **Stop** all water/clear liquids at **FOUR hours** prior to your procedure time.
2. **Stop** all candy, mints, chewing tobacco, smoking of all kinds and chewing gum four hours prior to procedure.
3. **Stop** diabetic medications unless otherwise directed by your doctor, but bring them with you to the procedure.
4. Please take heart, lung, blood pressure and seizure medication with a small sip of water the morning of your procedure.
5. Bring your total list of medicines with you to the procedure.
6. **Bring a responsible adult to receive instructions and provide transportation who will remain at the facility throughout your stay (2-3hrs)** You will not be permitted to drive or take public transportation alone (cab, bus, etc) following your exam.
7. Wear something comfortable the day of the exam and keep valuables at home.

**IMPORTANT: Please follow all instructions listed on this sheet for your safety. Your procedure could be canceled and rescheduled.**

1. **Do not drink clear liquids *FOUR hours* prior to the procedure. A sip of water with important medicines is okay.**
2. Stop certain medications prior to procedure (**Phentermine for two weeks, blood thinners according to GI MD**)
3. **If you are taking Wegovy, Ozempic, Jardiance or Invokana, please notify our office for further instructions.**
4. You must have a responsible adult to receive instructions and provide your transportation the day of your procedure. Taking any public transportation alone (cab, bus, etc) without a responsible adult is not acceptable. **This adult must stay with you for the duration of the time you are at the facility (2-3 hrs).**
5. Follow instructions given by your gastroenterologist or on this instruction sheet ONLY.