



Gastroenterology, Hepatology and Endoscopy

American Board of Internal Medicine

Diplomate in Gastroenterology & Internal Medicine

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Name: _____ **Date:** _____

Preparation for Upper Endoscopy (EGD)
(Also dilation, stent or PEG)

1. You are scheduled for an Upper Endoscopy on _____ at _____. You must arrive by _____.
Note: The facility may call you to change arrival time
2. Continue your normal diet, unless otherwise instructed, until midnight, the night before the test, then have nothing to eat or drink.
3. Continue to take all your medications including blood pressure pills with sips of water even the morning of your test. The only exceptions are diabetic medications and blood thinners which you need to discuss with your doctor.
4. A good preparation is an important part of this examination. If you have any questions, call the office or the doctor on call.
5. You **must** be at the hospital one hour prior to schedule procedure time for registration and nursing preparation time.
6. You may **NOT** drive yourself home from the procedure.
7. Please call the office at **305-674-5925 options #2.** if you have any questions

Patient Responsibility (PROFESSIONAL FEE ONLY) _____
This is an estimated fee for just the doctor's services. You may have additional fees for the facility and lab

Mount Sinai Medical Center
Gummenick Building 1st floor
4300 Alton Rd
Miami Beach, FL 33140
Phone# 305-674-2498

Aventura Hospital
(Register on the 1st floor)
20900 Biscayne Blvd
Aventura, FL 33180
Phone# 305-982-7000

Surgery Center of Aventura
20601 East Dixie Highway
Suite 400
Aventura, FL 33180
Phone# 305-792-0323

Baptist Endoscopy Center
709 Alton Rd, Suite 130
Miami Beach, FL 33139
Phone# 786-204-4010