***EGD/ Bravo/ EUS/ ERCP Instructions***

⃝ Methodist Charlton Medical Center: 3500 W Wheatland Rd- Outpatient center 214-947-5450

⃝ Methodist Midlothian Medical Center: 1201 East US-287 – Outpatient center 469-846-6100

⃝ Methodist Mansfield ASC Center: 252 Matlock Road Ste 430 POB 2 at the hospital- 817-242-3600

⃝ Methodist Mansfield Medical Center: 2700 East Broad Street – Outpatient center 682-242-2000

⃝ Endoscopy Center at Redbird Square: 3107 W Camp Wisdom Rd Ste 189- 214-331-2922

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Test name \_\_\_\_\_\_\_\_\_

Date of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_ Arrive at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure time: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\*COVID pretesting is required 3 days prior to this procedure date for all Methodist locations.**

**Charlton patients call 214-947-6189 to schedule your covid pretest.**

**Mansfield patients call 682-242-2000 to schedule your covid pretest.**

**Midlothian patients a nurse will call you to schedule. {If needed their # is 469-846-6100}**

1. **THE DAY BEFORE YOUR PROCEDURE**, you may eat breakfast, lunch and dinner as normal. You will stop eating and drinking at Midnight! This includes chewing gum, chewing tobacco, mints and hard candies etc. ***If you eat, your procedure will be cancelled.***
2. **NOTICE ABOUT YOUR MEDICATIONS**: See next sheet:

Medication Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(The hospital will ask you for your medication list, so please prepare this and take with you on your test)

1. **THE MORNING OF YOUR PROCEDURE**, you may take any blood pressure medication 4 hours prior to arrival with a sip of water only.
2. **NOTICE ABOUT TRANSPORTATION**: You will be sedated for this procedure, therefor you must have someone with you to drive you to and from the procedure. Please note: Driving services such as a taxi, bus, UBER, lyft etc. are *not* allowed. Your test will be cancelled if you do not have approved transportation.
3. **THE DAY AFTER YOUR PROCEDURE**, please call our office to schedule your follow-up appointment for your results.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please call our office if you have any questions 214-948-8856.