EGD (Esophagogastroduodenoscopy) InstructionsBozeman Clinic @ 1245 N. 15th Avenue, Bozeman, MT 59715 406.587.4242

Name:		
Date of Procedure:	Check-In Time:	AM / PM
Enrolled in Athena? Yes / No If not, p	please arrive at the clinic 15 minutes	s prior to your appt. time @
May have oz. water no later t		
☐ Metformin / Insulin instructions (if	applicable):	
Day before:		Morning of EGD
Radiology prior to procedure (prev	vious difficulty w/ IV's): Yes / No	
If yes: we will schedule you with Ra	diology @ x1762 - Patient Registrat	ion @ AM / PM
Antibiotic (if applicable):		
Check with your insurance. CPT co	odes: 43239 - EGD	
☐ Driver - because we care about yo	ur safety and other drivers around y	ou, AND because it is against Montana
		to arrange for a driver to take you home.
That driver will need to be in the Boze	eman Clinic to sign for you following	your procedure(s). If you are unable to
find a driver and need to call a taxi, U	ber, ride the bus, etc., you will need	I to wait in the waiting room or a clinic
room for a designated amount of time	e.	
	, and duodenum to find out why yo	ole endoscope, your physician will be able u are having problems. If there are areas ay be taken.
☐8am @ 9:30am ☐10:3	30am @ 12:15pm	responding driver pickup time below] 2:15pm
Ask the doctor when to stop taking a	ny medications that are prescribed	for you [see examples on last page].
Medication instructions:		
Approximately 1 week prior to your p instructions in this guide with you, as you which meds (if any) to take the m	k you questions about your medical	m a scope nurse who will review the history, review your medications, and tell
Day of Your Procedure		
 It is okay to brush your teeth the n 	norning of your procedure, but <u>mak</u>	ce sure you do not swallow any fluid.
Our office is open Monday-Thursday	8am-6pm and Friday 8am-5pm. You	may contact us during these
business hours @ 406-587-4242 for a		
procedure - please ask to speak to on	e of the scope nurses.	
If it is after business hours or the wee	kend and you have urgent question	s, you may contact the hospital
@ 406-414-5000 and ask for the Boze	man Clinic on-call doctor to be page	ed.

If you need to cancel or reschedule your appointment, please call our office @ 406-587-4242 as soon as possible so that we may facilitate filling your appointment time. We appreciate your understanding.

Examples of medications / supplements to avoid 1 week prior to procedure(s) include:

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Warfarin (Coumadin)	Fish Oil	NSAIDs (non-steroidal anti-inflammatory drugs)
Dalteparin (Fragmin)	Ginkgo	Aspirin (Bufferin, Bayer, Excedrin)
Heparin		Ibuprofen (Advil, Motrin, Nuprin)
Tinzaparin (Innohep)		Naproxen (Aleve, Naprosyn, Anaprox, Alfaxin, Midol, Vimovo)
Enoxaparin (Lovenox)		Celebrex (Celicoxib)
Clopidogrel (Plavix)		Meloxicam (Mobic)
Cilostazol (Pletal)		Indomethacin (Indocin)
Apixaban (Eliquis)		Ketorolac (Sprix, Toradol)
Pradaxa (Dabigatran Etexilate)		Peroxicam (Feldene)
Xarelto (Rivaroxaban)		Nabumetone (Relafin)
Sulindac (Clinoril)		Famotidine and Ibuprofen (Duexis)
Etodolac (Lodine XL, Lodine)		Meclofenamate (Meclomen)
Fenoprofen (Nalfon)		Ketoprofen (Orudis KT, Oruvail, Actron)
Flurbiprofen (Said)		Diclofenac (Arthrotec, Cataflam, Voltaren, Cambia, Zipsor)
Mefenamic Acid (Ponstel)		Salsalate (Amigesic, Disalcid)
Oxiprozin (Daypro)		Tolmetin (Tolectin)
		Dolobid (Difunisal)

August 2022/joc