Harrisburg Gastroenterology, Ltd.

John P. McLaughlin, D.O., F.A.C.G., F.A.C.P.
Kevin C. Westra, D.O., A.G.A.F., F.A.C.P.
Michael A. Veliuona, M.D.
Cortni J.T. Brooks, M.D.
Aaron J. Reiprich, D.O.

Michelle R. Kostelac, MPAS, PA-C
Lisa C. Brenize, MSPAS, PA-C
Miranda J. Felty, MPAS, PA-C

ESOPHAGOGASTRODUODENOSCOPY (EGD)
Upper Endoscopy Examination

PREP INSTRUCTIONS:

PLEASE DO NOT HAVE ANYTHING TO EAT AFTER MIDNIGHT. THIS INCLUDES NO SOLID FOODS, HARD CANDY, LOZENGES, CHEWING GUM, AND NO SMOKING AFTER MIDNIGHT.

YOU MAY CONTINUE TO DRINK CLEAR LIQUIDS UP UNTIL 4 HOURS PRIOR TO YOUR ARRIVAL TIME.

MEDICATIONS: SEE ATTACHED SHEET

YOUR EXAMINATION WILL BE PERFORMED AT:

- ☐ HARRISBURG ENDOSCOPY & SURGERY CENTER
- ☐ OTHER _____

DATE OF EXAMINATION: _____

YOU WILL BE CONTACTED THE DAY BEFORE BY THE HARRISBURG ENDOSCOPY CENTER WITH YOUR ARRIVAL TIME.

YOU MUST HAVE A RESPONSIBLE PERSON TO DRIVE YOU HOME AFTER THE EXAMINATION IS COMPLETED. **YOU MAY NOT WALK, TAKE A TAXI, BUS OR ANY OTHER FORM OF PUBLIC TRANSPORTATION.**

_____ _____ _____
Patient Witness Date

_____Best phone number to reach you the day prior to your procedure

____ I give my permission to Harrisburg Endoscopy Center to leave a detailed message at the above number with instructions and arrival time for my procedure.

Form - 1

4760 Union Deposit Road • Suite 100 • Harrisburg, PA 17111 • 717.545.9811 • 717.545.1873 (fax)
HbgGastro.com