

## **ADVANCED GASTROENTEROLOGICAL ASSOCIATES**

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Date:\_\_

Procedure	s) scheduled:	FGD (Esophagogastrodo	duodenoscopy or Upper Endoscop	nv)	
r roccaare(	_	EUS (Endoscopy Ultrasor		-11	
		ERCP (Endoscopic Retrog	rade Cholangiopancreatography)		
Date of procedure:		Time:	Dr. M. Badar Anwer	M. Aftab Anwar, MD	
Location: _	Celebratio	n Outpatient Center- 410 Cele	bration Pl. Suite 408 Celebration, F	-L34747	
_	Celebration	n Hospital (main lobby entranc	e)- 400 Celebration Pl. Celebration	, FL 34747	
_	Osceola Re	<b>gional Medical Center</b> (main lo	obby entrance)- 700 W. Oak St. Kis	simmee, FL 34741	
_	Kissimmee	Surgery Center- 2275 N. Centr	al Ave. Kissimmee, FL 34741		
•	Please arrive approximately one-two hours prior to your scheduled tine.				
•	Procedure time may change depending on schedule accommodations. The facility staff will call you to confirm any schedule changes.				
•	• You are required to be accompanied by someone that will be able to drive you home. You must not come alone.				
•	Do not eat or drink anything after midnight.				
•	Please disclose all prescription and nonprescription medications you are taking.				
•	Certain medications increase the risk of bleeding or make it difficult for bleeding to stop if it occurs.				
•	<ul> <li>You must stop taking blood-thinners, aspirin or aspirin containing products also known as Non-Steroidal A Inflammatory Drugs (NSAIDs) seven (7) days prior to the procedure unless otherwise specified. (i.e. Effient, Ba Aleve, Advil, Celebrex, Ibuprofen, Naproxen, Motrin, Midol, Meloxicam, Lortab, Vitamin E, Fish oil, etc.)</li> </ul>				
<ul> <li>You must stop taking ticlodipine (Ticlid) and clopidogrel bisulfate (Plavix</li> </ul>					
•	You must stop t clearance may b	=	adin, Xarelto, Eliquis three (3) da	ys prior to the procedure. Cardiology	
•	· ·	etes mellitus and you are usin should take it when you have re		should not take any on the day of the	
•	If you have hype	rtension (high blood pressure)	you should take your medication v	with minimal water.	
•	If you are having	g an <b>EGD with Bravo,</b> please sto	p taking any stomach medications	5 5 days prior to your procedure date.	
Your fol	low up appoi	intment is scheduled f	or:		
<u> </u>				ours prior to the scheduled date via	
				\$50.00 late cancellation fee. If your	
preparatio	n tor the procedur	re is poor the procedure may	need to be cancelled. The hospita	al/facility may still bill/charge for the	

service. Physician's fee is separate from the hospital/facility fee. I have read and understood these instructions.

\_Signature:\_\_\_

Print name: \_\_\_\_\_