

GASTROENTEROLOGY ASSOCIATES OF CENTRAL JERSEY, P.A.
1931 OAK TREE ROAD, SUITE 202 EDISON, N.J. 08820
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ANDREW S. BAIK, M.D. DANIEL A. BAIK, M.D. MEET PARIKH, D.O.

ESOPHAGOGASTRODUODENOSCOPY (EGD) PREPARATION

DATE: _____ **REGISTRATION TIME:** _____

LOCATION : **Oak Tree Surg. Ctr.**, 1931 Oak Tree Rd. Edison, N.J. 08820 Main Level
Please call the surgery center upon arrival in the parking lot for further instructions. (732)603-8603
 Saint Peter's University Hospital 254 Easton Ave, New Brunswick, NJ 08901

SEVEN (7) DAYS BEFORE EXAMINATION:

Stop all **WEIGHT LOSS MEDICATIONS** (i.e. Ozempic, Wegovy, Mounjaro, Saxenda).
It is ok to take these medications following completion of your procedure(s).

1. Have nothing to eat or drink after **MIDNIGHT**.
2. If you take blood pressure medication(s), take your regularly prescribed dose with a small amount of water.

****Please inform the receptionist if you take any medication for **diabetes I** or **diabetes II******

❖ **NO BLOOD THINNERS** (i.e. COUMADIN, PLAVIX, HEPARIN, etc.) **OR ASPIRIN PRODUCTS** (i.e. ALLEVE, ADVIL, MOTRIN, BAYER, ECOTRIN etc.) **FIVE TO SEVEN DAYS PRIOR TO TEST.**

****It is OK to continue baby aspirin if you take this medication on a daily basis.****

❖ **TYLENOL IS O.K. TO TAKE!!!**

❖ **YOU MUST HAVE SOMEONE TO DRIVE YOU HOME.**

❖ **PLEASE LEAVE ALL JEWELRY AT HOME.**

❖ **PLEASE BRING YOUR INSURANCE CARD & PHOTO ID.**

❖ **PLEASE BRING COMPLETED PATIENT INFORMATION PACKET** (if needed).

<http://www.oaktreesurgerycenter.com/forms>

If you have any questions, please call the office at (732) 744-9090.

Please be aware that this procedure will be taking place at an ambulatory surgical center. Therefore, please be advised that all of your **AMBULATORY SURGICAL IN-NETWORK BENEFITS** such as co-pays, deductibles, and co-insurances will apply. We strongly recommend that you contact your insurance company to most accurately verify your benefits.

This is NOT an office procedure.