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PATIENT INSTRUCTION SHEET

You are scheduled for the following procedure to be done. Please report to the Out-Patient area of the facility indicated, on the date and time listed for your scheduled appointment. Any special instructions for you to follow are listed for your reference. Please do not hesitate to contact our office should you have further questions. You will need to have a follow up appointment to receive results of your procedure.

Test Scheduled: EGD

Report to (Facility): Florida Hospital East Or University Surgical Center

You will need a driver to take you to and from the facility. Your Driver MUST stay with you at the facility. You will be at the facility for approximately 3 hours.

Special Instructions: Nothing to eat or drink after midnight, the night before the procedure.

Take Blood pressure medications and all medications on the morning of procedure with a small sip of water.

Do not take any oral diabetic medication the morning of the procedure. If you are on insulin, take only half of your normal dosage the morning of the procedure.

Please stop all aspirin products and blood thinners 5 days prior to appointment.