

DONALD A. GIRARD, M.D., F.A.C.G

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PHONE:(302)633-5755 FAX: (302)633-5751

You have been scheduled for an Upper Endoscopy also known as an "EGD"

Please report to the:

The Endoscopy Center of Delaware _____

1090 Old Churchman's Rd.
Newark, DE 19711
302-892-2710

Christiana Hospital GI Lab (Newark) _____

4755 Ogletown Stanton Rd
Newark, DE 19711
302-733-1400

The Limestone Surgery Center _____

1941 Limestone Rd. Suite 107
Newark, DE 19808
302-633-9873

On: _____ / _____ / _____

PROCEDURE TIME _____ : _____ AM/PM

ARRIVAL TIME: _____ : _____ AM/PM

PREP: NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE.

****PLEASE NOTE****

MILD SEDATION WILL BE USED, SO YOU ARE REQUIRED TO HAVE SOMEONE DRIVE YOU HOME FROM THE FACILITY. YOU ARE NOT ALLOWED TO DRIVE HOME.

If you have to cancel for any reason please call our office at (302)633-5755 Ext 04 as well as the facilities.

******PLEASE BE AWARE THAT ANY PROCEDURE CANCELLATION MUST BE DONE AT LEAST 72 BUSINESS HOURS PRIOR TO PROCEDURE OR PATIENT WILL BE SUBJECT TO A CANCELLATION FEE... .**