



## Upper Endoscopy Patient Schedule

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.\*\*\*\***