



Your appointment for a _____ has been scheduled for _____ at _____.
Type of Procedure Date of Procedure Time

Please arrive 40 minutes prior to this scheduled appointment time to complete required paperwork.

Please remember to bring your insurance cards and photo ID to your appointment.

Preparation for your EGD Esophagogastroduodenoscopy

Morning Procedure:

1. Do not eat or drink anything after midnight, except medications.
2. NO SMOKING, tobacco chewing, or gum chewing after midnight.
3. You will need a driver to take you home after the procedure.
4. Please do not wear perfume, cologne, after shave, scented lotions, or lipsticks. Please remove ALL jewelry (including piercings) prior to arriving for your procedure. IMG is not responsible for any lost or misplaced items.
5. Check in at IMG Front Desk with completed paperwork.

Notify your scheduler if you are diabetic. A responsible person accompanying you will be asked to sign the After Care Instructions at the time of discharge.

Special Instructions From Your IMG Physician: _____

Please remember that if your insurance requires PRE-AUTHORIZATION, it is YOUR RESPONSIBILITY to take care of this in advance. Pre-Authorization DOES NOT guarantee payment in full by your insurance. You will be responsible for any unpaid balance.

IMG IS A NON-SMOKING FACILITY