



EGD Instructions

S. Grace Woo, MD/ Belen Tesfaye, MD

Your procedure is scheduled for:

Date: _____

Time: _____

Arrival Time: __One hour prior to your procedure time__

Your procedure is scheduled at the:

Bethesda Endoscopy Center

Rockville Internal Medicine

Suburban Hospital

6100 Executive Blvd

1201 Seven Locks Rd

8600 Old Georgetown Rd

Suite 300

Rockville MD 20854

Bethesda, MD 20815

Rockville, MD 20852

301-762-5020 ext. 3056

301-896-3100

301-530-2800

(Report to Admitting Desk)

Instructions:

- Nothing to eat after midnight the night before your procedure.
- You may have certain clear liquids up until 3 hours before your procedure time.

(PLEASE SEE ATTACHED CLEAR LIQUID LIST)

Please arrange for someone to drive you home after the procedure. You will not be allowed to leave alone if you have any type of sedation. If you have no one to take you home, you may arrange for the following private company to provide service:

RMS contact Randy -301-946-8848 or 202-245-2845

PLEASE NOTE: If you need to cancel your procedure after 4 pm please call the center where scheduled and leave a message. There is a cancellation fee of \$150.00 if you do not provide a 7 days notice.

DIET/CLEAR LIQUID LIST- SEE ATTACHED

MEDICATION INSTRUCTION SHEET- SEE ATTACHED