

Your procedure is scheduled at **UMC's Endoscopy Center**

LOCATION: 4th floor of UMC's East Tower

DAY: _____ **DATE:** _____

TIME OF YOUR PROCEDURE:

- The **Endoscopy Center** will contact you with your scheduled arrival time for your procedure **three business days in advance.**

IF THE ENDOSCOPY CENTER LEAVES YOU A VOICEMAIL:

- **PLEASE VERBALLY** confirm your time with the **Endoscopy Center within 24 hours** at **806-775-9262.**
- **If you DO NOT confirm your time,** your procedure will be canceled.
- The Endoscopy Center will mail you a parking pass and Patient Assessment form to complete prior to your procedure.

MEDICATIONS ALLOWED THE DAY OF THE PROCEDURE:

****Please take these medication with a *small sip of water* 2 hours prior to your arrival****

- Blood Pressure Medication
- Heart Medication
- Seizure Medication
- Pain Medication
- Breathing Medication

MEDICATIONS NOT ALLOWED THE DAY OF YOUR PROCEDURE:

- Diabetic Medication/Insulin
- All other medications prescribed or over-the-counter

IF YOU ARE ON A BLOOD THINNER:

- Please contact your Primary Care Physician or Cardiologist for a clearance on medication **5 days prior to procedure.**
- **Examples:** Aspirin, Plavix, Eliquis, Coumadin.

Please take the time to **complete our satisfaction survey by mail or email!**
Your feedback helps us recognize our outstanding staff and improve our care.