

GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.

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PRACTICE LOCATIONS:

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INSTRUCTIONS FOR EGD:

FIVE DAYS PRIOR TO YOUR PROCEDURE:

STOP all medications that can cause bleeding, these include: Advil, Aleve, Naproxen, Aspirin, Coumadin, Effient, Pradaxa, Warfarin, Plavix, Xarelto, Alka-Seltzer, Percodan, Fish Oil, Vitamin E, Omega 3 or others.

STOP all anti-inflammatory type drugs including: Ascription, Celebrex, Mobic, Buffrin, Empirin, Diclofenac, Motrin, Ibuprofen, Indocin Persantine, Ticlid, Garlic Pills, St. Johns Wart, or others.

TYLENOL AND OTHER BRANDS WHICH CONTAIN ACETAMINOPHEN ARE SAFE TO USE PRIOR TO PROCEDURE.

You are responsible to check with the prescribing doctor prior to stopping medications.

STOP eating corn and popcorn.

If you have been told that you need an antibiotic prior to any procedure contact the office if you have not already done so.

You have been scheduled for an EGD on _____. **DO NOT EAT OR DRINK AFTER MIDNIGHT EXCEPT**, please take HEART, BLOOD PRESSURE AND SEIZURE medications with a sip of water the morning of the EGD.

Your procedure time is _____ and you will need to report to Outpatient BEFORE _____.
If you arrive late, it may be impossible to do your EGD that day.

YOU WILL NEED TO HAVE A RESPONSIBLE PERSON DRIVE AFTER THE PROCEDURE.
(THIS DOES NOT INCLUDE a TAXI SERVICE, etc.)

- **PLEASE BRING YOUR MEDICATIONS, HERBS AND VITAMINS and A CURRENT LIST INCLUDING DOSAGES.**
- **IF YOU HAVE SLEEP APNEA PLEASE BRING YOUR C-PAP or BiPAP MACHINE.**

Your EGD is scheduled at the following facility:

___ St. Rita's MedicalCenter
2nd floor
Outpatient Surgery

___ LimaMemorialHospital
Outpatient
Pre-register 419-226-5030

___ WilsonMemorialHospital
(Sidney Ohio)
Door 18 (outpatient area)
Pre-Admission Testing 937-498-5514

___ Digestive Health and EndoscopyCenter
375 N Eastown Rd.
419-228-3500

******EGD procedures are not done for screening purposes******

***We will pre-certify this procedure however please verify coverage with your insurance.**

****Specimens taken are sent to West Central Ohio Histology, LLC. Please contact your insurance company to confirm they are in network prior to your procedure. If they are not, inform the nurse that admits you to send your biopsy to either Lima Pathology or Lima Memorial Hospital. Financial assistance is available for balances over 500.00.

****Please contact our office with any questions you may have regarding this procedure at 419-228-3500**