

Jermaine Clarke, D.O.
Grayson Digestive Disease Consultants
300 N. Highland, Suite 105
Sherman, TX 75092
Phone: 903-364-4525

Patient Name _____ Date _____

Instructions for Endoscopy

1. Your endoscopy is scheduled on _____ at _____.
2. You will need to register no later than _____ At
 - Wilson N. Jones Regional Medical Center**
500 N. Highland, Sherman TX 75092
 - Texoma Medical Center**
5016 US-75, Denison, Tx 75020
 - Baylor Scott & White**
3601 N. Calasis St, Sherman, Tx 75090
3. Please **Be on time** for your procedure. If you are late, your procedure **will be delayed and may be rescheduled.**
4. Do not have anything to eat or drink after **midnight.**
5. **You must have someone with you during the procedure and to be responsible to drive you home afterward.**
6. If you need to cancel the procedure, please notify our office at **least 48 hours prior.**
Call our office for questions concerning your procedure at **903-364-4525.**
7. **Special instructions** (*only those checked will apply to you*)
 - Do not smoke for 12 hrs prior to your procedure
 - Take any blood pressure or heart medicine (except blood thinners and antiplatelets) with just a sip of water early in the morning.
 - Take only one-half of your usual dose of long acting insulin (levemir, Lantus the night before the procedure
 - Hold **any regular or rapid acting insulin or Glimipride, Glyburide, Glipizide, Prandin,** diabetic medicine the morning of your procedure.
 - Hold all aspirin, antiplatelets, and blood thinners for 5 days before procedure unless otherwise instructed.
 - Hold all NSAID's (arthritis medicines) for 3 days before procedure.

() Please call the office for any results **(903)364-4525**.