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**Gastroscopy**

NAME: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

DAY AND DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ARRIVE AT: \_\_\_\_\_

PLACE: \_\_\_\_\_ REPORT TO: \_\_\_\_\_

Please note: There is a 24 hour cancellation policy. For procedures cancelled with less than 24 hours notice, a fee of \$125 dollars will be assessed.

**1 week Before  
your test**

- Check with our office for specific instructions if you take ANY blood thinning medications (Coumadin, Pradaxa, Effient, Aspirin (Ecotrin), Eliquis, Xarelto, Plavix, etc.)
- Check with your physician for specific instructions if you take ANY diabetes medications (Insulin, Metformin, Janumet, Glipizide, etc.)

**DAY of your test**

- TAKE all your usual medications when you wake up with a sip of water
- You may have a CLEAR LIQUID diet when you wake up  
Gatorade, apple juice, water, ice pops, jello, and broth  
BLACK tea and coffee are OK-NO MILK or creamers  
NO RED liquids
- 4 Hours before your test: STOP ALL oral intake-NOTHING!!!  
NO gum or candy  
NO cologne, perfume or lotions please!
- You must have a ride home-NO Driving until the following day!
- For all women of child-bearing age, a urine pregnancy test must be done on arrival at the center.
- NO RED LIQUIDS (No milk, No orange juice)