

JUSUF ZLATANIC, M.D., P.C
132 EAST 76TH STREET
SUITE 2G
NEW YORK NY 10021
212-794-0833

GASTROSCOPY PREPARATION

- ❑ **NO ASPIRIN OR BLOOD THINNERS FOR 5 DAYS BEFORE THE PROCEDURE (i.e. ASPIRIN, ADVIL, PLAVIX, COUMADIN, ECOTRIN, ALEVE, CELEBREX, VIOXX, MOTRIN).**
- ❑ **DAILY MEDICATIONS YOU MUST TAKE:** Any medication that you take for blood pressure, heart condition, asthma, seizures, and anxiety you must take as usual. Take it as early as possible in the morning with a little water at least 4 hours before your procedure.
- ❑ **IF YOUR ARE A **DIABETIC** TAKING MEDICATIONS SUCH AS GLUCOPHAGE OR GLUCOTROL **DO NOT** TAKE THESE MEDICATIONS THE DAY OF PROCEDURE. YOU CAN TAKE THEM AFTER YOUR PROCEDURE WITH FOOD. (DIABETICS ON INSULIN SPEAK WITH THE DOCTOR ABOUT REDUCING INSULIN.)**
- ❑ **DO NOT EAT OR DRINK FOR 12 HOURS PRIOR TO YOUR PROCEDURE.**
- ❑ **SINCE SEDATION WILL BE ADMINISTERED IN ORDER TO PERFORM THE PROCEDURE, YOU MUST MAKE ARRANGEMENTS FOR SOMEONE TO ESCORT YOU HOME AFTER THE PROCEDURE.**
- ❑ **NO DRIVING OR OPERATING HEAVY MACHINERY FOR 24 HOURS AFTER YOUR PROCEDURE. WE ALSO ASK THAT YOU REFRAIN FROM MAKING ANY MAJOR DECISIONS.**
- ❑ **FOR WOMEN ONLY- PLEASE DO NOT APPLY LIPSTICK, LIP-GLOSS OR DARK COLORED NAILPOLISH.**
- ❑ **PLEASE HAVE CONSIDERATION FOR OUR TIME AND CANCEL ALL APPOINTMENTS AT LEAST 24 HOURS IN ADVANCE.**

APPOINTMENT DATE: _____

TIME: _____

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PREPARACION PARA LA GASTROSCOPIA

- ❖ Para de tomar aspirina o cualquier medicina que contenga aspirina por una semana hasta el dia de su procedimiento.
- ❖ **NO COMER O BEBER NADA** por doce (12) horas antes de su procedimiento.
- ❖ Como se le administrara un sedante se necesita que alguien lo/la recoja para que se le acompañe a su casa despues del procedimiento. Le pedimos de no manejar por 24 horas. Le recomendamos no trabajar despues de haber tenido el procedimiento.
- ❖ Para mujeres solamente: Por favor de no aplicarse pintura de labio el dia del procedimiento.

Fecha de la cita: _____

Hora: _____