

ENDOSCOPY PREPARATION SHEET

PLEASE READ THIS AT LEAST SEVERAL DAYS AHEAD OF YOUR PROCEDURE

Your endoscopy will take place at **Golden Gate Endoscopy Center**, located at **3370 Geary Blvd. (between Commonwealth / Parker)**

Your procedure is scheduled for: _____

Please arrive to register at: _____

Your discharge time will be: _____

If you take a blood thinner, please notify our office immediately.

You do **not** need to discontinue aspirin, Motrin, Ibuprofen, Naproxen, Aleve, etc. before the procedure.

You should arrange for a responsible adult to accompany you home. You will not be allowed to leave the facility by yourself. You will not be allowed to take a taxi or bus home by yourself. You should not drive for the remainder of the day.

Please **DO NOT** have anything to eat eight (8) hours prior to your exam.

Please **DO NOT** have anything to drink three (3) hours prior to your exam.

IMPORTANT: Consuming food within eight (8) hours of your procedure will cause a significant delay in your procedure start time and may cause your procedure to be rescheduled to a later date.

If you need to cancel or reschedule your endoscopy, please give us 5 business days notice; otherwise, **a cancellation fee of \$200.00 will apply.** To cancel or reschedule your colonoscopy, or for any preparation-related questions, please call our main office at (415) 749-6900. You can also view our website at www.sfgimd.com for additional information.