## **Endoscopy with Bravo Capsule (ON PPI)**



621 Ridgley Ave, Suite 101 Annapolis, MD 21401 410-224-3636

F: 410-972-2698

YOUR PREP IS VERY IMPORTANT- Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep. If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.

Prior to your procedure:		1 Day Prior	Procedure Day
Ouring your Endoscopy a Capsule vill be placed for your Bravo tudy. You will need to keep a ecording device with you at all	Stop taking all NSAIDS. Ibuprofen, Advil, Aleve, etc. 5 days prior to your	Drink at least four 8oz. glasses of water throughout the day.	Clear liquid diet until 4 hours prior to your procedure.
imes for up to 96 hours after your procedure.  f you take Phentermine: stop taking this to days prior to your procedure.	procedure. You may take Tylenol as needed.  Inhalers and Nasal Spray- Continue as prescribed. Please bring with you on day of procedure. Blood Pressure and other essential medications: Continue as prescribed. Take	No alcohol the day before or day of your procedure.  If you are taking <b>diabetic</b>	You cannot have ANYTHING A ALL by mouth for at least 4 hours prior to scheduled procedure time.
f you take weekly injections for weight oss or Diabetes: do NOT take this within days of your procedure.		medication, cut your dose in half this day and do not take any diabetic medication day of procedure.  If you have an insulin pump, check	This includes ice, water, gum, hard candy and mints.  No smoking the day of
f you take iron, dietary, herbal or fiber upplements: stop taking these 7 days orior to your procedure.	these medications on the day of your procedure with a SMALL sip of water at least 2 hours before procedure.	with prescribing MD for instructions.  Eat a light dinner.	procedure.  You will need to arrange for a responsible adult to drive you home
f you take a blood thinner: Please contact the prescribing doctor to Pubtain a blood thinner hold order. The Office can fax this order to us at 410-972-	If you wear contacts: please remove them at home or bring your contact lens supplies with you if you don't have glasses to wear.	NO Solid Foods after midnight! You will begin a clear liquid diet at midnight.	You cannot drive until the day after your procedure. A taxi, ride share, or shuttle is not an approved means of transportation unless you have a family member or
f you see a specialist: We will need to eview the notes from your most recent office visit, labs, and test results prior to your procedure. You can call their office to equest these be faxed to us at 410-972-2698.	Please leave jewelry and other valuables at home.  Contact our pre-operative department with any questions at 410 224-3636 Option 2.	Acceptable clear liquids include: water, clear broth, apple juice, white cranberry juice, white grape juice, soda, jello, popsicles, coffee, and tea. You may have any transparent liquid. Nothing with milk or creamer.	Please remember to bring your -Current Medication list with th last dose for each medication taken
f you develop any covid, flu, or cold like symptoms within 2 weeks of your procedure date, please call us at 410-224- 3636		Nothing red, blue or purple in color are allowed.	-Insurance Cards -Driver's License/Photo ID -Any co-insurance fees that are due.



- This form must be <u>completed</u> prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.

Medication Name	Dose	Frequency and Time(s) Taken	Date / Time of Last Dose

Patient Signature	Date



Patient Signature

Date