You have an appointment for an:

**INTRA-GASTRIC BALLOON**

**Date:**

**Time:**

**Location:**

**Important Notification:**

You will not be allowed to drive. Please make arrangements with someone to drive you back home.

* The driver may drop you off and then pick you up later when you are ready for discharge
* The driver must be a responsible adult to accompany you home
* If traveling by taxi or van or shared driving service (i.e. Uber), another adult must accompany you.
* **DO NOT TAKE ANY ANTI-PLATELET OR ANTICOAGULANTS (BLOOD THINNERS) 3-5 DAYS BEFORE YOUR PROCEDURE**
* If you can’t make it to your appointment, please contact us 48hrs before your scheduled date to cancel. Otherwise if you do not call to cancel and/or do not show up to your exam, a $100 fee will be assessed.

**One Day before your Exam**

* **Please make sure you have picked up 4 medications from your pharmacy: Omeprazole, Ondansetron, Scopolamine patch, and Acetaminophen liquid form.**
* **Keep a clear liquid diet (water, jello, broth, tea)**
* **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT (12 am) THE NIGHT BEFORE YOUR EXAM**

**Day of the Exam**

* Please arrive at least 1 hour before your scheduled appointment time
* Bring all your medications to your appointment
* If you are taking medications for Diabetes make arrangements with your primary care provider for instructions on how to take them prior to the Exam.
* You can consume your Blood Pressure medications with a small sip of water.
* Leave all valuables at home (i.e. Watch, jewelry, personal belongings)
* Only bring your ID, Insurance card, and medical information
* You will not be allowed to drive and use any heavy equipment
* Your stomach must be empty. **DO NOT EAT BREAKFAST, DRINK WATER, SMOKE, OR DO ANY DRUGS THE MORNING OF THE EXAM**
* Register as indicated per our office staff
* Your examination will be performed as early as possible
* The Gastroenterologist will perform your procedure and initiate treatment as need be.
* If there is anything urgent, the doctor will discuss with you immediately after the procedure
* A follow up appointment will be scheduled with our office to further discuss endoscopic findings, biopsy results and further management
* The day after your test you may receive a routine call from the hospital or surgery center to evaluate how you are feeling.

I, ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received the instructions for my endoscopic examination. I have read and understood them in its totality. I was given the opportunity to ask questions and they have been answered to my satisfaction. I agree with them completely.

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