

# DIGESTIVE DISEASE SPECIALISTS, INC.

Midwest City Office  
**BaoLong Nguyen, MD**  
8121 National Avenue, Suite 303  
Midwest City OK 73110  
Ph: (405) 737-4464 Fax: (405) 737-7674

Name \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Procedure Time: \_\_\_\_\_

## Procedure Location:

**1 Ambulatory Endoscopy Center / North**  
Building D, 3366 NW Expressway, Ste. 400  
Oklahoma City, OK  
*Check in at ADMISSIONS*

**2 Ambulatory Endoscopy Center / South**  
4201 South Western  
Oklahoma City, OK  
*Check in at ADMISSIONS*

**3 Midwest Regional  
Medical Center**  
2825 Parklawn Drive  
Midwest City, OK  
*Check in at DAY SURGERY*

**4 Edmond Medical Center**  
One South Bryant  
Edmond, OK  
*Check in at AMBULATORY CARE*

**5 St. Anthony Hospital  
Outpatient Center**  
1000 North Lee  
Oklahoma City, OK  
*Check in at Main Admitting*

## EGD INSTRUCTIONS

If you are taking **COUMADIN, PLAVIX OR ASPIRIN PRODUCTS**, you will need to **STOP** them three (3) days prior to your procedure.

If you are a diabetic and you are on oral medication, you will not take medication the day before or the morning of your procedure, but you will need to bring your medication with you.

**DO NOT HAVE ANYTHING TO EAT OR DRINK AFER MIDNIGHT PRIOR TO YOUR PROCEDURE (unless it is scheduled for the afternoon, then you may have clear liquids before 8 a.m.) IF YOU TAKE BLOOD PRESSURE OR HEART MEDICATION, please take them as prescribed with a small amount of water.**

**YOU WILL NEED SOMEONE WITH YOU TO DRIVE YOU HOME AFTER THE PROCEDURE.** The physician will not be able to sedate you and do the procedure if you do not have someone at the facility to drive you home.

If you have any questions or need more information, please feel free to contact my office at 405 737-4464.

**\*\*\*\*IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.\*\*\*\***

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## **Clear Liquid Diet**

### **Beverages**

Tea or coffee (no cream or milk)  
White cranapple, apple, white grape, or white cranberry juice  
Fruit flavored drinks  
Carbonated drinks

### **Desserts**

Jell-O  
Popsicles

### **Soups**

Fat-free chicken or beef bouillon  
Fat-free chicken or beef broth

### **Miscellaneous**

Salt  
Sugar, syrup, jelly, honey  
Plain hard candy in small amounts

## **NOTHING RED OR PURPLE**