

AMBER M. KHAN, M.D.
200 Sheffield Street, Suite 213
Mountainside, NJ 07092
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Your procedure is scheduled for Date: _____, Time: _____, at the **Garden State Endoscopy & Surgery Center, located at:**

**Diamond Head Building
200 Sheffield Street, Ste #101
Mountainside, NJ 07092
Phone: (908) 241-8900**

Arrival Time: **1 HOUR PRIOR TO YOUR SCHEDULED PROCEDURE**. Please make sure you have a responsible adult driver (18 year old or older) who will pick you up after the procedure. No taxis allowed. It takes around 2-3 hours total time. Do not bring jewelry or valuables. No body-piercing jewelry is allowed for the test. Bring your **insurance card** and a **Photo ID**.

If you are on blood thinners, your doctor needs to know so they are stopped if indicated. You may NOT take any Aspirin, Advil, Aleve, Ibuprofen, Motrin, Fish Oil, Vit E, Coumadin or similar products for a 7 days before the test. Tylenol is allowed if needed. If you are diabetic please inform the staff. No smoking cigarettes for 12 hours before. Nothing by mouth 4 hours before. No vaping or marijuana use for 24 hours.

If you wish to cancel your appointment, please call the office 5 Business days before your procedure to avoid getting a fee!!

Medications allowed on the day of the test: **Take AM medications 4 hours before procedure time with sips of water.** If you suffer from seasonal allergies, please take Zyrtec or Claritin 4 hours before your procedure with small sips of water.

Upper endoscopy preparation:

1. Patients scheduled in the AM may not eat or drink after midnight the night before.
2. Patients scheduled after 12 noon but before 3PM, may have clear liquids (water, black tea, coffee, apple juice) up to 4 hours before endoscopy but not after that.
3. If diabetic, please eat any solid food or milk products at least 10 hours before the endoscopy and clear liquids 4 hours before endoscopy.
4. Patients scheduled after 3 PM may have solid food no later than 12 hours before the endoscopy and clear liquids up to 4 hours before the endoscopy.

If you have food or drinks in your stomach, you are at high risk for aspiration.

Thank you.

**IT IS YOUR RESPONSIBILITY AS THE PATIENT TO LET
DR. AMBER KHAN'S OFFICE KNOW OF ANY CHANGES
OR UPDATES TO YOUR MEDICAL
HISTORY/MEDICATIONS AT LEAST ONE WEEK PRIOR
TO YOUR PROCEDURE.**

**This is including but not limited to new medications prescribed,
any new heart or lung symptoms including chest pain, shortness of
breath, or hospital admission.**