

SMG DIGESTIVE DISEASE CENTER OF TAUNTON

72 Washington St Suite 2200

Taunton MA, 02780

P: 508-828-7740

F: 508-828-7747

EGD PREP INSTRUCTIONS

**** NOTHING to eat/drink after midnight****

Procedure scheduled for _____

- If you are taking any blood thinning medication(s) please contact the office monitoring your medication(s) for further instruction.
- If COVID test is needed, please be sure to get this completed 3 days before your procedure

****This is required for all unvaccinated patients or for patients that dates have not been received by the office****

Please call the office to update information regarding vaccination if applies

COVID Testing days are **Monday, Tuesday, and Friday** from **8:00AM- 12:00PM**

Complete COVID Test on _____

Morton Hospital will call you on _____ (the day before your procedure) around 12:00 pm or shortly thereafter to tell you what time to arrive for your procedure.

Please call the office with any questions or concerns

(508) 828-7740

Your follow up appointment to discuss results is scheduled for _____ with _____