

ENDOSCOPIC ULTRASOUND (EUS)

Five Days Before the Test: _____

- All anti-inflammatory medication including aspirin, ibuprofen, Motrin, Aleve, naproxen, Naprosyn, sulindac, piroxicam, Feldene, indomethacin, diclofenac and Voltaren **are to be continued**. Tylenol (acetaminophen) is also safe to continue.
- If you are taking Coumadin, Plavix (clopidogrel), Pradaxa or other blood thinners please contact our office to determine if and when you need to stop these medications.
- If you are diabetic and use insulin, please contact our office for insulin instructions.
- PLEASE call our office if you have any questions about which medication you should or should not take.

Day of Procedure: _____

1. **Have nothing to eat (food) for eight (8) hours prior to the procedure. You may have clear liquids until 4 hours prior to your procedure then nothing by mouth.** Take your essential medication with enough water to swallow them. Dentures will be taken out for this procedure so please do not “cement” them in. **Diabetics: please call the office to obtain special instruction regarding your medications.**
2. Arrange for someone to drive you home after the procedure.

You are scheduled with Dr.

Report at _____ on _____ to:

_____ St. Luke’s Boise Regional Medical Center (Patient Registration), 190 E. Bannock St., Boise

***** You are going to be sedated; you must bring a driver to take you home *****

Check with your insurance company regarding pre-certification. Please bring you insurance cards with you to your appointment.

For questions, call 343-6458 for the Boise office or 887-3724 for the Meridian office.

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