

# Confirmation of Endoscopy Appointment

Date: [Date]

Patient Name: [Patient's Name]

Patient ID: [Patient ID]

Appointment Date: [Appointment Date]

Appointment Time: [Appointment Time]

Location: [Hospital/Clinic Name and Address]

## Endoscopy Preparation Guidelines

Dear [Patient's Name],

Thank you for scheduling your endoscopy procedure with us. Please read the following preparation instructions carefully to ensure a successful exam:

### 1. Medication Adjustments

- Continue your normal medications unless otherwise directed.
- If you are taking blood thinners (e.g. Warfarin, Aspirin, etc.), please consult with your doctor regarding cessation.

### 2. Dietary Restrictions

- Two days before your procedure, begin a low-fiber diet.
- On the day before your procedure, consume only clear liquids including water, broth, tea, and clear juices.
- Do not consume any solid foods during this time.

### 3. Bowel Preparation

You will need to take the prescribed bowel prep solution as instructed:

- Start taking the solution at [Specific Time] the day before your procedure.
- Drink the entire solution and follow with clear liquids to ensure proper hydration.

### 4. Transportation

Please arrange for a responsible adult to accompany you home after the procedure as sedation may be used.

## **5. Contact Information**

If you have any questions or need to reschedule, please contact our office at [Phone Number].

We look forward to seeing you and wish you a smooth procedure.

Sincerely,

[Doctor's Name]

[Title]

[Hospital/Clinic Name]