

**Patient Instructions: EGD (Esophagogastroduodenoscopy)**

Your **EGD** has been scheduled for:

Date \_\_\_\_\_ Time *(The hospital will call you with your arrival time)*

at: \_\_\_\_\_ with Dr. \_\_\_\_\_

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1. Upper Gastrointestinal Endoscopy (EGD) is an examination of your esophagus, stomach and intestine with a flexible fiberoptic scope. It is performed to identify diseases in those organs.
  2. The procedure is not painful. Sedation is used and a gargle is utilized to numb the throat. The procedure, in most cases, takes about ten minutes.
  3. It is important that the stomach is empty for the exam. You should **NOT** have anything to eat or drink for eight hours prior to the exam.
  4. Bring you regular medications with. You can take them after your procedure.
  5. Please have someone come with you to drive you home following the procedure and stay with you for 24 hours.
  6. If you have any questions, please call our office at **906.225.3853, Mon-Thurs 8-5, Fri 8-2.**

**Other instructions:**

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**SURGICAL**  
ASSOCIATES  
of marquette, pc  
1414 W. Fair Avenue, Suite 230  
Marquette, MI 49855  
906.225.3853



### **Cancellation, Reschedule and No-Show Policy for Surgery and Endoscopy Appointments**

At Surgical Associates of Marquette our goal is to provide high quality surgical care and endoscopy services in timely manner. We have implemented a cancellation, reschedule, no-show policy which enables us to better utilize available appointments for our patients in need of care.

#### **Cancellations, Reschedules and No-Shows**

Please notify our office at least 24 hours in advance if you need to cancel or reschedule your surgery or endoscopy appointment.

You are considered a no-show if you do not give 24-hour notice of a cancellation or reschedule or simply do not come to your surgery or endoscopy appointment.

You may cancel, reschedule or no-show a maximum of 2 times.

After 2 cancellations or reschedules your referring physician will be notified that you have exceeded the maximum number of cancellations and/or reschedules and we are unable to accommodate you at this time. Your physician may refer you back after a 90-day waiting period.

If you are a no-show for a scheduled surgery or endoscopy, your referring physician will be notified that you did not show for your scheduled procedure. Your physician may refer you back after a 90-day waiting period.

#### **Fees**

Patients who fail to show for their scheduled surgery or endoscopy appointment or cancel without at least 24-hour notice may be subject to a "No-Show/Cancellation" fee of \$50.00.

No-Show/Cancellation fees are not covered by insurance and therefore are the sole responsibility of the patient. Patients will not be rescheduled if they have outstanding No-Show/Cancellation fees.

#### **How to cancel your surgery or endoscopy appointment**

To cancel or reschedule your surgery or endoscopy appointment, please call Surgical Associates at **1-906-225-3853** during our regular business hours Monday-Thursday 8:00 am – 5:00 pm, Friday 8:00 am - 2:00 pm.

1414 West Fair Avenue | Suite 230 | Marquette, Michigan 49855  
Telephone 906.225.3853 | Fax 906.228.4065 | [surgicalassociatesofmarquette.com](http://surgicalassociatesofmarquette.com)

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#### **GENERAL SURGERY**

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