



Children's Prep for EGD

Patient Name _____

Location _____

Date of Procedure _____

TENTATIVE ARRIVAL TIME: _____. This is a tentative time only.
You will be called the day before your procedure to confirm the actual time.

One Day before the Procedure

Do not eat or drink anything after midnight.

The Morning of the Procedure

Nothing by mouth to eat or drink after midnight. If you eat or drink on the morning of your procedure it will be cancelled.

Patients under the age of 18 yrs. need the parent or legal guardian to accompany them on the morning of the procedure. All legal guardians must present legal documents as proof when checking in the patient.

Please call Dr. Ulmer's office at 228-222-4072 with any questions or concerns.

Patient/ Guardian Signature _____

Date _____

Nurse Witness _____