

**DEPARTMENT OF RADIOLOGY
KIMBROUGH AMBULATORY CARE CENTER
FORT GEORGE G. MEADE, MD 20755-5800**

SUBJECT: Upper Gastrointestinal Examination Instructions

1. This is a special examination and is performed only by appointment. Please call the Department of Radiology at 301-677-8180 or 8321 if you need to cancel or reschedule your appointment.
2. In preparation for the examination, please follow these instructions:
 - a. Do not eat anything after 8 p.m. on the evening prior to the examination.
 - b. Do not drink any liquids after 12 a.m. (midnight) before the examination, except as stated in paragraph *d* below.
 - c. Do not smoke the morning of the examination.
 - d. You may take your medication in the morning of your examination with a small amount of water.
 - e. If you are a diabetic, please contact your referring health care provider for instructions regarding your insulin dose during the fasting period.
3. If you have any questions, please consult the Department of Radiology personnel.
4. Please report to the Department of Radiology on time. Allow 5 working days for the report of your examination to reach your health care provider. Contact your health care provider if he or she does not contact you by that time.
5. Your appointment is scheduled for _____, _____, at _____.
(Day) (Date) (Time)