

**CITRUS GASTROENTEROLOGY, P.A.**

3653 E. FOREST DRIVE • INVERNESS, FL 34453-0787 • TEL (352) 344-8080 • FAX (352) 344-0631  
2428 N. ESSEX AVENUE • HERNANDO, FL 34442-5320 • TEL (352) 344-8080 • FAX (352) 344-0631

**JOHANNES MARTENSSON, M.D., Ph.D.**

Diplomate American Board of Gastroenterology

**B. JEFFREY WALLIS, M.D.**

Diplomate American Board of Gastroenterology  
Diplomate American Board of Internal Medicine

**JAMES MAY, M.S.N., A.R.N.P.**

Family Nurse Practitioner – Certified

**ESOPHAGOGASTRODUODENOSCOPY (EGD)**  
**AFTERNOON PROCEDURE**

Your examination is on \_\_\_\_\_ at \_\_\_\_\_.

Please arrive at \_\_\_\_\_.

**IMPORTANT.** Please let us know if you are taking Coumadin or Insulin. The dose may need to be adjusted. If you take Insulin, take just half your usual dose the day before the exam. **Do Not** take Insulin the morning of the exam unless instructed by your physician. You may take your cardiac, breathing, blood pressure medicines at 6:00 A.M. the morning of the exam with a sip of water.

**DAY BEFORE THE TEST:**

- **NOTHING TO EAT AFTER MIDNIGHT.**

**DAY OF THE TEST:**

- **You may have clear liquids until 7:00 A.M. Nothing by mouth after 7:00 A.M.**
- **You must bring a driver.**

**If for any reason you cannot make your scheduled appointment, please call our office as soon as possible at 352-344-8080.**