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### **UPPER ENDOSCOPY APPOINTMENT INFORMATION**

NAME: \_\_\_\_\_

DATE \_\_\_\_\_

TIME: \_\_\_\_\_

**IMPORTANT: YOU MUST HAVE SOMEONE ESCORT YOU FROM EXAM.**

**Please bring your insurance cards.**

**The ENDOSCOPY will be performed at:**

\_\_\_\_\_ **The Fifth Ave Surgery Center** 1049 Fifth Ave (corner 86<sup>th</sup> and Fifth)

\_\_\_\_\_ **New York Hospital Queens Endoscopy Unit** 56-45 Main Street

### **IMPORTANT INFORMATION**

**You may eat and drink up to 8 hours prior to the exam**

If you are taking **Coumadin** please inform the office prior to the exam