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You are scheduled to have an **upper endoscopy**  
on \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_, but you must be here by \_\_\_\_\_\_\_\_\_\_\_\_.

**Please follow these instructions:  
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**1.**  You may have **nothing to eat** after midnight/6am/7am/8am/9am/10am on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and you may have **no more clear liquids** after 5am/6am/7am/8am/9am/10am/11am/12pm/1pm on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**.**

**2.** On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, go to Urban Medical Group located on 128 Mott Street (between Hester and Grand Street) Suite 202, New York, NY 10013.

* **YOU CANNOT HAVE ANY LIQUIDS 3 HOURS BEFORE YOUR EXAM OR IT WILL BE CANCELLED AND**

**A CANCELLATION FEE WILL BE CHARGED**

* **Females will be required to have a pregnancy test as a routine preoperative safety check.**
* **You MUST have an escort pick you up after the procedure.**

**PLEASE CHECK WITH YOUR INSURANCE ABOUT YOUR COVERAGE FOR YOUR UPPER ENDOSCOPY SO YOU CAN MAKE APPROPRIATE ARRANGEMENTS.**

**LET YOUR INSURANCE KNOW THAT THE CPT CODE FOR THE OFFICE IS 43239**

**It is the patient’s responsibility for any deductible amounts or co-insurance not covered by your current insurance plan.**  
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**List of clear liquids**:  
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Apple juice  
Chicken broth  
Clear soda (7-up, Ginger Ale, Sprite; **no Coke or Pepsi**)  
Coconut water  
Coffee/tea (**no dairy or cream**)  
Gatorade (**yellow or green only**)  
Jello (**yellow or green only**)  
Vitamin Water (**yellow or green only**)  
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**ABSOLUTELY NO alcoholic, cream, dairy, milk or orange products!!!!!**