



LAKE DISTRICT HOSPITAL
DIAGNOSTIC IMAGING

700 S. J Street
Lakeview, OR 97630
Ph: (541) 947-2114 ext. 233 Fax: (541) 947-5575

UPPER GI/BARIUM SWALLOW/SMALL BOWEL FOLLOW THROUGH
PATIENT INSTRUCTIONS

PATIENT NAME: _____

REFERRING/ORDERING PROVIDER: _____

PATIENT HISTORY/REASON FOR STUDY: _____

INSTRUCTIONS:

1. Bathe the morning of your exam.
2. **DO NOT** eat or drink (including water) after midnight the night before your examination.
3. **DO NOT** eat or drink anything on the morning of the examination until after the examination is completed.
4. If you must take medication, you may take it with a little bit of water. Just enough to get the medicine down.
5. Please refrain from smoking and chewing gum the morning of your examination.
6. If you have a copy of your healthcare provider's order, please remember to bring it with you to your appointment.
7. This study will take approximately 30 minutes to complete.
8. A substantial meal may be eaten after the exam, unless otherwise advised.

ABOUT THE EXAM:

- When you arrive, a technologist will bring you into a dressing room to change into a hospital gown.
- The radiologist performing the exam will talk with you before the procedure. At that time, you will have a chance to ask questions about this exam.

If you have any questions or are unable to make your appointment, please call 541-947-2114 ext. 233.

EXAM DATE

CHECK-IN TIME

APPOINTMENT TIME