



DIGESTIVE HEALTH ASSOCIATES OF SOUTHWEST MI, PC
dba/Gastroenterology of Southwest MI
3304 Cooley Court
Portage, Michigan 49024
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NAME: «Pt_Full_Name»

DATE: «Appt_Date»

Arrival Time: _____

Procedure: COLONOSCOPY

You have an appointment with «Appt_Prov_Full_Name» at the **Kalamazoo Endo Center 3300 Cooley Ct.** The arrival time and date appear above. Your procedure will follow.

Please register at **KEC** registration desk at your arrival time at 3300 Cooley Court.

Be sure to bring your Photo ID & Insurance cards. You will be asked for them when you check in.

If you must cancel your appointment, or have any questions regarding your prep, please call the scheduling office at **(269) 349-2266** during normal business hours.

You must be accompanied by a responsible adult to drive you home upon discharge.

Please stop eating all indigestible foods such as corn, seeds and popcorn at least **5 days prior** to your procedure.

A few days prior to your procedure, please confirm that you have received a prescription for the 4 liters of **Golytely, Colyte, Nulytely or Trilyte**. If you have not, Please contact our office at (269) 349-2266.

HOW TO PREP FOR YOUR PROCEDURE

- 1) Start a clear liquid diet **the morning before** the procedure.
- 2) **Take 2** Dulcolax laxative tablets at noon the day before the procedure.
- 3) Drink 4 liters of **Colyte, Golytely, Nulytely or Trilyte** over a **2 hour** period starting at 5:00pm the evening before the procedure.
- 4) Have nothing by mouth after _____.

Because you will receive sedation for the procedure, you will need to avoid driving, drinking alcoholic beverages, operating machinery, using sharp instruments and making critical decisions.

Please bring a list of your present medications and drug allergies. If you are allergic to latex products, please contact our office as soon as possible so precautions are taken.

The liquids listed below are allowed during the preparation.

Consume nothing with red dye.

Coffee-(No Cream)

Jell-O (no red dye)

Bouillon

Apple Juice

Ginger Ale

Orange Juice-(No Pulp)

Gatorade

White grape juice

White Cranberry Juice

7-UP

Tea

Popsicles (no red dye)

Clear Broth

Tang

Hi-C

Reminder: The more you drink the better your prep will be.

MEDICATIONS

- | | |
|-----------------------------|---|
| 1) INSULIN | Reduce the A.M. dosage by ½ the morning of the procedure. |
| 2) COUMADIN | or other anticoagulants. STOP (5) five days prior to the procedure. |
| | Please contact our office for instructions 269-349-2266. |
| 3) PLAVIX OR PENDIL | STOP (7) seven days prior to the procedure. |
| | Please contact our office for instructions 269-349-2266. |
| 4) ANTI-INFLAMMATORY | DO NOT take on the day of the procedure. |
| 5) IRON SUPPLEMENT | STOP (2) two days before the procedure. |
| 6) ORAL DIABETIC MEDICATION | Take ½ the night before the procedure, and none the morning of the procedure. |

****All other medications may be taken as directed****

****Special billing notification****

Concerning multiple bills in conjunction with your procedure.

Please take note: When an outpatient procedure is performed at a facility you will receive billings from the facility AND the physician. ALSO, if pathology is done you will receive billings from Bronson or Borgess for handling the specimen AND from the pathologist for processing and reading.

KNOW YOUR INSURANCE

Some insurance's require pre-certification for inpatient and outpatient procedures. The procedure you are scheduled for is an outpatient procedure. Please check with your insurance carrier to determine if you need pre-certification. If you do not obtain pre-certification and your insurance requires it, the cost of this procedure may become your financial responsibility.

Thank you