



**DIGESTIVE HEALTH ASSOCIATES OF SOUTHWEST MI, PC**  
dba Gastroenterology of Southwest Michigan  
3304 Cooley Court  
Portage, Michigan 49024  
[www.gsm-kec.com](http://www.gsm-kec.com)

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**NAME:** «Pt\_Full\_Name»

**DATE:** «Appt\_Date»

**Arrival Time:** \_\_\_\_\_

**PROCEDURE: COLONOSCOPY**

**48 hours prior to your procedure you will need to register with our office. Please call 269-349-8930. Failure to do so will prevent us from billing your insurance.**

You have an appointment with «Appt\_Prov\_Full\_Name» at Borgess Hospital. The appointment time and date appear above. **Please be sure to bring your Photo ID & Insurance cards. You will be asked for them when you check in.**

Should any problems arise and you may need to cancel your appointment, or have any questions, please call our office at **(269) 349-2266** during the hours of 8:00 a.m. to 5:00 p.m.

**YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT TO DRIVE YOU HOME UPON DISCHARGE**

It is critical that you follow these written instructions as directed not the instructions on the prep box. **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 2 liters of **HalfLyte**. If you have not, please contact our office at **269-349-2266**.

**How to prep for your procedure:**

- 1) Take two **(2)** Dulcolax tablets two nights before your procedure.
- 2) Start a clear liquid diet the morning before your procedure.
- 3) Drink 2 liters of **Halflyte** solution over **two (2)** hours starting at 6:00 P.M. the evening before your test.
- 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 present medications and drug allergies.** If you are allergic to latex products, please call 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)	White Cranberry Juice	Jell-O	7-UP	Bouillon
Tea	Apple Juice	Popsicles	Ginger Ale	Clear Broth
	Orange Juice-No Pulp	Tang	Gatorade	
	White grape juice	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. <b><u>STOP (5)</u></b> five days prior to the procedure.<br><b>Please contact our office for instructions 269-349-2266.</b> |
| 3) PLAVIX OR PLENDIL            | <b><u>STOP(7)</u></b> Seven days prior to the procedure.<br><b>Please contact our office for instructions 269-349-2266.</b>                          |
| 4) ANTI-INFLAMMATORY            | <b><u>DO NOT</u></b> take day of the procedure.  |
| 5) IRON SUPPLEMENT              | <b><u>STOP(2)</u></b> Two days before the procedure.   |
| 6) ORAL DIABETIC<br>MEDICATIONS | Take ½ the night before the procedure, and none the morning<br>of the procedure.   |

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

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