



DIGESTIVE HEALTH ASSOCIATES OF SOUTHWEST MI, P.C.
dba/Gastroenterology of Southwest Michigan
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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 Outpatient Testing at Bronson Hospital. The appointment time and date appear above.

Please register at Outpatient Testing in the West Pavilion on the 1st floor at Bronson Hospital.

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 the 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 PLENDIL----- **STOP(7)** Seven days prior to the procedure.
Please contact our office for instructions 269-349-2266.
 - 4) ANTI-INFLAMMATORY----- **DO NOT** take day of the procedure.
 - 5) IRON SUPPLEMENT----- **STOP(2)** Two days before the procedure.
 - 6) ORAL DIABETIC ----- Take ½ the night before the procedure, and none the morning of the procedure.
- MEDICATIONS

*****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