

## COLONOSCOPY PREP

PATIENT NAME: \_\_\_\_\_ DATE and TIME: \_\_\_\_\_

This appointment date and time has been set aside specifically for you. **Kindly give us 48 hours advance notice if you need to cancel or reschedule your appointment. You will be charged a \$50 cancellation fee by GI Associates of Tallahassee if you do not provide us with 48 hours notice. Missed procedures without prior notice will be charged a \$100 no-show fee. Leaving a message to cancel your procedure is not sufficient for last minute cancellations; you must speak to a staff member.** These fees are charged to cover the expense incurred for nurses and medical staff preparing for your procedure.

- **CAPITAL CITY SURGICAL CENTER:** 2807-2 Capital Medical Boulevard (850-402-4107)
  - Located on the corner of Jaclif Court and Capital Medical Boulevard.
  - You will receive a call 2-3 days prior to your scheduled appointment to confirm your appointment and give you your check-in time.
- **CAPITAL REGIONAL MEDICAL CENTER:** 2626 Capital Medical Boulevard (850-325-4201)
  - Enter the hospital through the main entrance. Check in with Admissions located on the 2<sup>nd</sup> floor.
  - **You will have to arrive by 6:30a.m. to check-in**

Your co-payments are expected before your procedure. Please check with your insurance plan and/or with our billing department to find out about your financial responsibilities. If you require pre-authorization, please check with your primary care provider. If you have any questions or concerns, please contact our business office at 850-219-2376.

We do not have access to facility fees for Capital Regional Medical Center. If you would like information regarding your facility fee, please contact the Capital Regional Medical Center Billing department at 888-821-1628.

### Preparing for your Procedure:

1. **Nothing to eat or drink after midnight.** If you take heart and/or blood pressure medication you may take them with a small sip or water the morning of your test. **Do NOT** take any diabetes medication the day of your procedure.
2. Do **NOT** wear any jewelry (rings, watches, necklaces, earring or other body jewelry) the day of your procedure.
3. **STOP** any blood thinners (i.e. Aspirin, Coumadin, Plavix, Heparin, etc) or any other blood thinner-like medications (i.e. Betra, Celebrex, Goody's/BC Powders, Advil, Aleve, etc) 3 days prior to your procedure. **At discharge, you will be given instructions regarding when to restart these medications.**
4. **STOP** all iron supplements and vitamins containing iron 3 days prior to your procedure.
5. If you require antibiotics prior to any procedure (including dental treatments), please notify your nurse. Please obtain your antibiotics from your primary care provider before your procedure.
6. You will have to have someone drive you home. You will be given IV medication that will make you sleepy and impair your judgment. **You may not take a cab home.**

**We do not give you test results over the phone.** If you do not already have a follow-up appointment set up, please call our office at 850-841-1166. If you have any questions or complications please call our office at 850-841-1166 and ask for the nurse.

# SUPREP Bowel Prep

**NOTE: The instructions that you receive from the pharmacy and the instructions provided here will vary; please follow the instructions that we have provided you.**

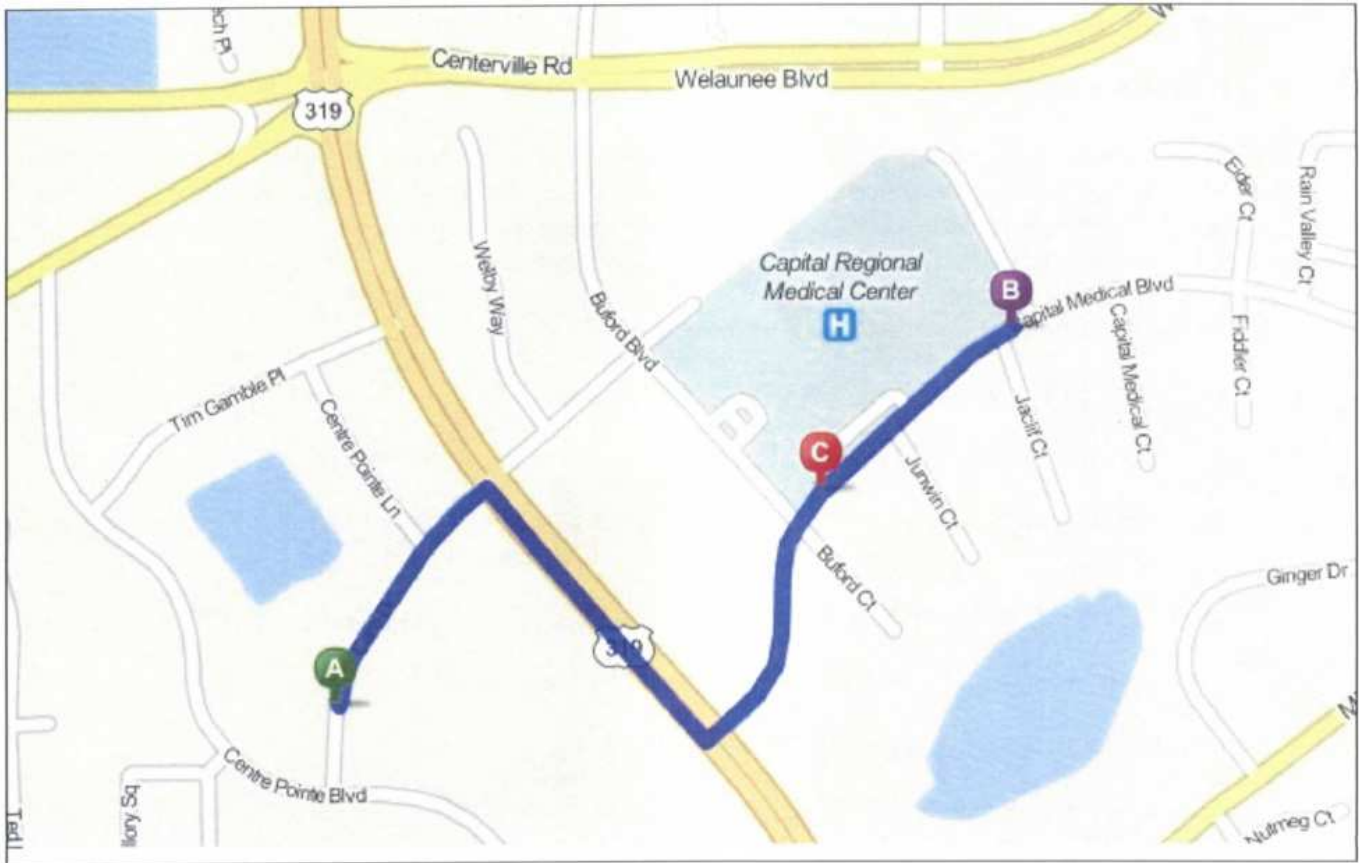
**Two Days Prior:** Drink 10 ounces of lemon flavored magnesium citrate 30 minutes after dinner, preferably no later than 6 or 7 pm. The magnesium citrate may be purchased over the counter at your local drug store. **DO NOT DRINK THE MAGNESIUM CITRATE IF YOU HAVE RENAL FAILURE.** Begin a clear liquid diet thereafter (examples listed below).

**One Day Prior:** Drink only CLEAR liquids all day. Mix one bottle of Suprep in the cup provided with water to the red fill line. Take this dose at 9 am followed by two full glasses of water. Repeat these instructions with the second bottle of Suprep at 4 pm. Be sure to follow this dose with two full glasses of water. **DO NOT PRE-MIX MORE THAN 24 HOURS IN ADVANCE.**

- **COMMON SIDE EFFECTS** of the prep include nausea, diarrhea and cramping. Do not be alarmed if this should occur.
- It is important that you drink the ENTIRE prep. **FAILURE TO COMPLETE THE PREP MAY RESULT IN A POORLY CLEANSED COLON.** Please follow instructions completely to avoid having to reschedule your procedure or Dr. Leichus missing small polyps.
- You must drink plenty of fluids when prepping for the procedure to **AVOID DEHYDRATION.** Signs and symptoms of dehydration are dry mouth, decrease in urination, dizziness and/or lethargy. If you have any questions or concerns, please call the office at 850-841-1166 and ask for the nursing staff.

## Examples of Clear Liquids

- Water
- Coffee/Tea (no milk and/or cream added)
- Soda
- Popsicles
- Jell-O
- PowerAde or Gatorade
- Clear Broth or Soup (NO rice, noodles, or vegetables, etc)
- **NOTE: DO NOT DRINK/EAT ANYTHING WITH RED OR PURPLE COLORING.** Cranberry juice is okay to drink; it is naturally red.



- A. GI Associates of Tallahassee  
2457 Care Drive, Suite D-100  
Tallahassee, FL 32308  
(850) 841-1166
- B. Capital City Surgical Center  
2807-2 Capital Medical Blvd  
Tallahassee, FL 32308  
(850) 402-4107
- C. Capital Regional Medical Center  
2626 Capital Medical Blvd  
Tallahassee, FL 32308  
(850) 325-5000