



COLONOSCOPY ORDER & PREPOPIK PACKET

Procedure Date: _____

Arrival Time: _____ am/pm

Procedure Time: _____ am/pm

You will be charged \$250 if you no show, cancel/reschedule without 48 hours notice. 770-227-2222

Ordering Physician

Dr. Ranvir Singh
Dr. Stephen Rashbaum
Dr. Nitin Parikh

Procedure Location:

Digestive Care Endoscopy

Northside Forsyth Outpatient

Emory Johns Creek Outpatient

BOWEL PREP:

1. We have forwarded a prescription for **Prepopik** to your pharmacy.
2. You will need to be on a strict **CLEAR LIQUID DIET ONLY**, the entire day *prior* to your scheduled procedure.
3. At **6:00** pm on the day *prior* to your procedure, you will initiate mixing and drinking your first round of **Prepopik**

Fill the dosing cup provided with **5oz** of cold water (to the **lower** fill line). Pour the contents of 1 packet of powder in the dosing cup and mix for 2-3 minutes until the powder has dissolved. Drink the entire contents. Follow with 40 oz clear liquids over the next 3 hours.

4. 5 ½ hours *prior* to your scheduled procedure at _____ am, you will repeat step 3 as above. You only need to follow this mix with 24 oz of clear liquid, not 40 oz.
5. You may continue a clear liquid diet until you initiate step 4. **YOU MAY HAVE NOTHING BY MOUTH** for 4 hours prior to your procedure.

**** You may want to bring or wear warm socks, as the procedure area tends to be cool.**

6. **NOTE: YOU MAY HAVE NOTHING TO EAT, SMOKE OR CHEW after midnight.** You may have your clear liquids with your second dose of **Prepopik**.

DRIVING INSTRUCTIONS:

Please arrange for a responsible adult to drive you to and from the facility. They must plan on staying at the facility during the procedure. Your procedure may be cancelled should you arrive without a driver.

It is best if you can have a responsible adult with you for at least 8-hours following your procedure.

You will not be permitted to drive for 24-hours after the procedure due to anesthesia. You should also refrain from making any important and financial decisions during this time.

INSURANCE NOTE:

Please bring your driver's license and insurance card to every appointment; even your procedure.

Remember it is your responsibility to contact your insurance company to verify your insurance coverage for this procedure.

MEDICATIONS:

-Take your **Heart & Blood Pressure** medications as instructed unless your doctor instructs you otherwise.

-If you have **Diabetes**, please follow the instructions below:

*Do not take your diabetes **pills** the morning of the procedure. Feel free to bring them with you to take following the procedure.

*If you take **Regular Insulin**, do not take it the morning of your scheduled procedure. Please bring it with you to take following your procedure.

*If you take NPH, or Lantus-type Insulin, take ½ of your regular dose the morning of your scheduled procedure.

-Do NOT take any of the following Medications:

*Coumadin-**Stop 3 Days Prior**

*Plavix, Aspirin, Ibuprofen, Iron and Multivitamins-**Stop 7 Days Prior**

Please remove all jewelry prior to your procedure.