



COLONOSCOPY ORDER & CLENPIQ II PACKET

Procedure Date: _____

Arrival Time: _____ am/pm

Estimated 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. Long Nguyen
Dr. Nitin Parikh
Dr. Ruth Montalvo
Dr. Jae Kim

Procedure Location: (CIRCLE ONE)

Digestive Care Endoscopy (678) 208-2131
11315 Johns Creek Pkwy, Ste 420, Johns Creek
Emory Johns Creek Outpatient (678) 474-8100
6325 Hospital Parkway, Johns Creek
Northside Forsyth Outpatient (770) 844-3200
1200 Northside Forsyth Drive, Cumming

BOWEL PREP:

1. Starting the morning of _____ you will need to be on a strict **CLEAR LIQUID DIET for the entire day.**

2. **At 4:00 pm,** _____, you will take 2 Dulcolax Tablets as directed

3. **At 6:00 pm** _____, drink your first bottle of **Clenpiq**

Follow with 40 oz ((5) - 8 oz glasses) of clear liquids over the next few hours.

4. **At 7:00 pm,** _____ you will then drink the full bottle of Magnesium Citrate.

5. **5 ½ hours prior** to your scheduled procedure @ _____, you will drink the second bottle of Clenpiq.

Drink at least 24 oz ((3) - 8 oz) of clear liquids after and complete within 1 hour.

6. **NOTE: YOU MAY HAVE NOTHING TO SMOKE OR CHEW AFTER MIDNIGHT.**

7. **YOU MAY HAVE NOTHING BY MOUTH for 4 hours prior to your procedure. Stop @ _____.**

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.

****Make sure to wear warm socks, as the procedure area tends to be cool.**

****Please do not wear jewelry or contacts to your 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:

*Xarelto, Eliquis, Pradaxa - **Stop 2 days prior**

*Warfarin - **Stop 3 days prior**

*Clopidogrel, Effient, Brilinta, Aspirin 325mg, Ibuprofen – **Stop 5 days prior.**

Iron, Multivitamins and Fish Oil - **Stop 7 days prior.**