



COLONOSCOPY ORDER & GOLYTELY PACKET

Procedure Date: _____ Arrival Time: _____ am/pm Estimated Procedure Time: _____ am/pm <u>You will be charged \$250 if you no show, cancel/reschedule without 48 hours notice. (770) 227-2222</u>	<u>Ordering Physician</u> Dr. Ranvir Singh Dr. Stephen Rashbaum Dr. Long Nguyen Dr. Nitin Parikh Dr. Ruth Montalvo Dr. Jae Kim	<u>Procedure Location: (CIRCLE ONE)</u> <u>Digestive Care Endoscopy (678) 208-2131</u> 11315 Johns Creek Pkwy Ste 420, Johns Creek <u>Emory Johns Creek Outpatient (678) 474-8100</u> 6325 Hospital Parkway, Johns Creek <u>Northside Forsyth Outpatient (770) 844-3200</u> 1200 Northside Forsyth Drive, Cumming
--	---	---

BOWEL PREP:

1. We have forwarded a prescription for **Golytely** to your requested pharmacy.
2. Starting the morning of _____, you will need to be on a **STRICT CLEAR LIQUID DIET** the entire day.
3. At **6:00** pm on _____, you will initiate mixing and drinking your first round of the **Golytely** Prep.

Take the flavor packet of Powder and place it into the clear 1 gallon container supplied by the pharmacy. Mix the powders with 1 gallon of water. Initiate drinking 1- 8oz glass of the mixture every 15 minutes until you have completed half of the gallon of solution.

4. **YOU MAY HAVE NOTHING TO SMOKE or CHEW** after midnight.
5. **6 hours prior to procedure @ _____**, you will complete step 3 by drinking second half of gallon until empty.
6. **You can continue clear liquids until 4 hours prior to 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.

****Do not wear jewelry or contacts to your procedure.**

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

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**