



COLONOSCOPY ORDER & PLENVU PREP

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. 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:

- Starting the morning of _____ you need to be on a **STRICT CLEAR LIQUID DIET**, for the entire day.
- On _____ at 6:00pm, you will initiate mixing and drinking your first dose of Plenvu.

Take 1 packet and mix it with 16oz. of water, then stir with a spoon or shake until completely dissolved. Continue drinking the mixture until completely finished. Then drink an additional 16oz. of a clear liquid within 30 minutes.
- 5½ hours prior to your procedure** at _____ am, you will repeat step 2. Drink an additional 16oz. of clear liquids within 30 minutes of finishing second dose of **Plenvu**.
- You may continue CLEAR LIQUIDS with the second dose of Plenvu. **YOU MAY HAVE NOTHING BY MOUTH 4 HOURS PRIOR TO YOUR PROCEDURE. Stop @_____.**
- NOTE: DO NOT SMOKE OR CHEW ANYTHING AFTER MIDNIGHT.**

*Please follow **THESE** instructions and **NOT** the box.

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 any jewelry or contacts to your procedure.**

****Make sure to bring warm socks due to the procedure area being cool.**

MEDICATIONS:

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

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