



Procedure Packet information

Thank you for choosing Center for Digestive Health. Our goal is to provide you with friendly, efficient service in a professional manner. This is a reminder for your upcoming procedure appointment.

You will receive a reminder in the mail with your time and date. Please read your preparation instructions at least one week prior to your procedure appointment.

IMPORTANT INFORMATION – PLEASE READ!

1. If you are taking **Coumadin (Warfarin), Plavix, Aggrenox, Pradaxa, Effient, Pletal, Brilinta, Eliquis** or **ANY** blood thinner for your heart or to prevent a stroke or blood clot – Call our office for instructions on the possibility of stopping the medicine. If you have not received a call please call our office.
2. If you take any dosage of Aspirin: **DO NOT** stop taking it! Please continue as normal. It's also OK to take Tylenol.
3. **STOP** taking any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E or Herbal Medicines five (5) days before your procedure.
4. If you are **SICK**, have **ANY** cold symptoms, taking **ANTIBIOTICS**, pending **Stress or Heart Test** or have a major change in your medical history – please call our office immediately for instructions.
5. We need a 48 hour notice for any cancellations to avoid a charge of \$100.00.
6. **Please call our billing department at 407-241-3279 to check if you are responsible of any payments the day of your procedure. Payments are due at time of service.**

FINANCIAL POLICY: *Any Co-pay and Deductible will be collected upfront.*

***Any questions regarding payment due at the time of service please contact our business office representatives to assist you with any questions: Please be advised we obtain AN ESTIMATE from your carrier...any additional questions please contact Your Insurance Carrier.*

CANCELLATION POLICY: *Cancellations require a 48hour notice.*

***To Cancel a Procedure appointment, you must contact our dedicated Cancellation Line at 407-896-1726 ext 631...All appointments must be cancelled 48hours prior to scheduled time of arrival to avoid cancellation fee. There will be a \$100 charge for non-emergency cancellations*

If you have any questions or need assistance, please feel free to contact us at 407-896-1726

We look forward to providing you the best care you deserve



Procedure Information Packet

Patient instructions for: **FLEXIBLE SIGMOIDOSCOPY using FLEETS ENEMA**

You have been scheduled at The Center for Digestive Endoscopy for your procedure.

Address: 1817 N. Mills Ave. Orlando FL. 32803

Phone: 407-896-1726

For your procedure to be successful, please follow these bowel cleansing Instructions carefully.

5 DAYS BEFORE YOUR PROCEDURE:

1. **Purchase 2 Fleets enemas (these are found over the counter)**
2. Please read page 1 for **IMPORTANT** information.

DAY BEFORE YOUR PROCEDURE:

1. If you are a **DIABETIC** and take **PILLS** – **DO NOT** take them today or the day of your procedure.
 - a. **For INSULIN dependent patients** – please call the doctor that controls your diabetes for instructions.
2. Have a *light* breakfast **BEFORE** 9:00 a.m. No more **SOLIDS** thereafter.
3. Start your **clear liquid diet** after 9:00 a.m.

CLEAR LIQUIDS INCLUDE: **NO RED**

- Water, coffee (black only) and Tea (sugar is ok)
 - Clear fruit juices (Apple, White Grape and White Cranberry)
 - Soda (with no caffeine), Gatorade, Popsicles, Jell-O (**NO RED**)
 - Broths (no crackers or noodles)
 - Sorbet and/or frozen ices – **NO RED**
 - **DO NOT** drink any alcohol or alcohol containing products
4. **1 HOUR BEFORE BEDTIME** : Insert 1 enema (per rectum) – follow the directions on the enema box.

IF YOU ARE BEING PUT TO SLEEP FOR YOUR PROCEDURE:

- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**

DAY OF PROCEDURE:

- **1-2 HOURS BEFORE LEAVING** the house insert 2nd enema (per rectum) – follow the directions on the enema box.

IF YOU ARE BEING PUT TO SLEEP FOR YOUR PROCEDURE:

- **NOTHING BY MOUTH** - this includes water.
1. You may brush your teeth – **DO NOT** swallow any water.
 2. **DO NOT** chew anything (this includes gum), **DO NOT** use breath spray or eat candy or mints the morning of your procedure.
 3. You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's & Asthma or Myasthenia Gravis medications (if normally taken in the morning) **3 hours prior to arriving, with a small sip of water.**
 4. You **MUST** have a responsible adult (over the age of 18) who will remain with you in the center and take you home.

****FAILING TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN
CANCELLING OF YOUR PROCEDURE****

(Cancellation fee will apply)

Patient Sign: _____

Date: _____