Center for Digestive Health

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 your Colonoscopy using: **OSMOPREP**

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

Address: 1817 N. Mills Ave. Orlando FL. 32803 Telephone: 407-896-1726

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

5 DAYS BEFORE YOUR PROCEDURE:

1. Fill your prescription for: **OSMOPREP**
2. Please see 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.
   - **For INSULIN dependent patients** – please call the doctor that controls your diabetes for instructions.
2. Start clear liquid diet upon awakening. Drink clear liquids the remainder of the day to avoid the possibility of dehydration.
3. **At 1:00pm** you will start to take the Osmoprep tablets every 15 minutes with 8 oz. of clear liquids until 20 tablets have been consumed**.**
   - **1:00pm** – take 4 pills
   - **1:15pm** – take 4 pills
   - **1:30pm** – take 4 pills
   - **1:45pm** – take 4 pills
   - **2:00pm** – take 4 pills

   AFTER EVERY 4 TABLETS FOLLOW WITH 8oz OF CLEAR LIQUID ON LIST PROVIDED
4. **At 5:00pm** take 4 OsmoPrep tablets every 15 minutes with 8oz. of clear liquids until the remaining 12 have been consumed.
   - **5:00pm** – take 4 pills
   - **5:15pm** – take 4 pills
   - **5:30pm** – take 4 pills
   - **NOTHING BY MOUTH AFTER MIDNIGHT.**

   AFTER EVERY 4 TABLETS FOLLOW WITH 8oz OF CLEAR LIQUID ON LIST PROVIDED

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)
- Sorbet and/or frozen ices NO RED.
- Broths (no crackers or noodles)
- **DO NOT** drink any alcohol or alcohol containing products

DAY OF PROCEDURE:

1. **NOTHING BY MOUTH.** – this includes Water.
2. You may brush your teeth – DO NOT swallow any water.
3. **DO NOT** chew anything (including gum), DO NOT use breath spray or eat candy or mints the morning of your procedure.
4. You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's & Asthma or Myastenia Gravis medications (if normally taken in the morning) **3 hours prior to arriving, with a small sip of water**.
5. 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: _____