

11 John Maddox Drive Rome, GA 30165 706-295-3992

| Appt. Date: _ |  |
|---------------|--|
| Arrive Time:  |  |

Please read the following instructions entirely upon receipt. For the best possible colonoscopy, you must follow these instructions completely.

Please call our office at least 3 days before your procedure to confirm Appointment, Prep and Financial.

Please contact our office now if you are taking any form of blood thinner! (Examples: Aggrenox, Xarelto, Arixtra, Brilinta, Coumadin, Effient, Lovenox, Persantine, Plavix, Pradaxa, Ticlid, Warfarin, Eliquis, 325mg Aspirin) We will need to contact your prescribing provider in regards to stopping your blood thinner 5-7 days before your procedure. DO NOT STOP ANY PRESCRIBED MEDICATION UNTIL YOU HAVE BEEN INSTRUCTED TO DO SO BY OUR STAFF.

Stop taking any iron supplements 5 days before your procedure.

## Two days before your Colonoscopy:

Stay Hydrated

Do not eat fruits, vegetables, nuts, or dairy products. You may eat meat and bread (without oats or seeds) only.

#### One day before your Colonoscopy:

YOU MAY HAVE CLEAR LIQUIDS ONLY. (Examples: black coffee, tea, white grape juice, apple juice, yellow soft drinks, yellow Gadorade, beef or chicken broth, yellow Jell-O, and yellow popsicles) YELLOW COLORED ONLY! No RED or PURPLE dye!

Choose between the prep solutions listed below or Miralax. Miralax: 1 packet=1 cap=1 dose (each dose in 8oz. of clear liquid)

# One day before your Colonoscopy (CONTINUED) MORNING PROCEDURES (scheduled before 12 Noon)

|                                  | ,  |  |  |
|----------------------------------|--|--|--|
| 12 Noon                          | Take 2 Dulcolax Laxatives  |  |  |
| 3 PM                             | Take first 64oz. of Prep Solution (or 8 doses of Miralax in 64oz. of clear liquid) |  |  |
| 8 PM                             | Take next 64oz. of Prep Solution (or 8 doses of Miralax in 64 oz. of clear liquid) |  |  |
| If you are sti<br>drink addition | ll not running clear after 2nd dose, continue to nal prep.                         |  |  |
| NOTHING BY MOUTH AFTER MIDNIGHT  |  |  |  |

### AFTERNOON PROCEDURES (scheduled after 12 Noon)

| 12 Noon   | Take 2 Dulcolax Laxatives   |  |
|---|---|--|
| 3 PM  | Take first 64oz. of Prep Solution (or 8 doses of Miralax in 64oz. of clear liquid)    |  |
| 5 AM<br>(Day Of<br>Procedure)   | Take next 64oz. of Prep Solution<br>(or 8 doses of Miralax in 64 oz. of clear liquid) |  |
| If you are still not running clear after 2nd dose, continue to drink additional prep. |   |  |
| NOTHING B   | Y MOUTH AFTER 7 AM (Day of Procedure)   |  |

### **Day of Procedure**

- DO NOT eat or drink anything starting 6 hours prior to procedure. No gum, mints, cough drops, or tobacco products.
- DO NOT take any diabetic medication. Take heart and seizure medications (with a small sip of water.)
- Bring all medications in original containers and any inhalers.
- · Leave all iewelry and valuables at home.
- DO NOT apply lotions, creams, or powders.
- Bring your photo ID and insurance card.
- YOU MUST BRING A DRIVER WITH YOU. You will receive medication that will make you sleepy and forgetful, so you will not be allowed to drive yourself home. The person responsible for driving you home must accompany you to the

Rome Endoscopy Center and stay for the entire procedure. If you do not have a driver, unfortunately, your procedure must be rescheduled. You may not leave unaccompanied by taxi, shuttle, van, or bus.

• You may not return to work. Someone must stay with you for 24 hours.

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No Refill. Take as directed. Please use generic unless specified by the patient.

| Louis E. Lataif Jr., M.D.   | DEA #BL3695903 | Roderick A. Remoroza, M.D.  | DEA #BR4871706 |
|---|----------------|---|----------------|
| Adedamola Lufadeju, M.D.  | DEA #FL1040651 | Kenneth O. Obi, M.D.  | DEA #FO3126706 |
| <ul><li>Colyte 4L w/flavor packs- 4 liter prep</li><li>Golytley- 4 liter prep</li></ul> |                | <ul><li>☐ Trilyte 4L w/flavor packs- 4 liter prep</li><li>☐ Miralax (glycolax)- 16 dose</li></ul> |                |
|   |                |   |                |
| Name  |                | Date  |                |