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Preparation Instructions for a Colonoscopy CLENPIQ

Patient's Name: _____

Procedure Date: _____ Arrive By: _____ Procedure at: _____

Facility:

- Premier Endoscopy Center (2nd Floor) North Collier
- NCH (Downtown)

Purchase:

1. CLENPIQ (Electronically sent to your pharmacy)
2. Fleet Enema (If needed)

Preparation Day: (the day before your procedure) _____

You will be on clear liquids all day. **NO SOLID FOOD**

Clear Liquids:

- | | | |
|-------------|-------------------|-----------------|
| Water | Gatorade | Chicken Broth |
| Jell-O | Carbonated Drinks | Vegetable Broth |
| Coffee | Beef Broth | Popsicles |
| Apple Juice | Tea | |

NO DAIRY, CITRUS JUICES, OR ANYTHING RED or PURPLE-COLORED.

2:00 PM: Drink one bottle of CLENPIQ at room temperature. You must drink at minimum of 5 more cups of clear liquids with the cup provided.

7:00 PM: Drink 2nd bottle of Clenpiq and 5 more cups of clear liquids

**** HAVE NOTHING TO DRINK AFTER MIDNIGHT****

Examination Day: _____

1. Take your morning dose of heart and blood pressure pills **ONLY** with just a few sips of water.
2. If needed, two hours before your exam, do your fleet enema; at _____.

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME, AS YOU WILL BE SEDATED.

Be prepared to spend at least 2 hours at the center.



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MEDICATION INSTRUCTIONS

- If you are a diabetic on insulin, take ½ your regular daily dose the day before your procedure, when you are on clear liquids. Do not take your insulin the morning of your procedure. Take ½ your regular dose after the procedure when you have your first meal. Please call us if you have any questions.
- If you are taking Coumadin, Plavix, Pradaxa, Xarelto or any other blood thinner, please consult with the physician before discontinuing the medication.
- Do not stop Prednisone or other cortisone type medication.

Please give us a call if you have any questions regarding your medications.

BILLING INFORMATION YOU SHOULD KNOW

When you have a procedure at any outpatient facility you could receive up to four bills:

1. Physician's charge.
2. Facility charge.
3. Anesthesia
4. Pathology lab charge.

If you have any questions or concerns, contact our billing department at 239-732-1133.

Maria Ext. 101 for Premier Endoscopy & 1656 Anesthesia.

Lyda Ext. 105 for Gastroenterology Specialists.

****Please check with the facility & Anesthesia to be certain that they are participating with your health insurance. ****

IF YOUR INSURANCE IS OTHER THAN MEDICARE OR MEDICAID, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR CARRIER OF YOUR PROCEDURE.



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Premier Endoscopy Center

1656 Medical Blvd - Suite 201 - Naples, FL 34110

239-449-4945

Welcome to Premier Endoscopy. We hope to make this a positive experience for you.

To insure that this occurs we are asking you to follow the following guidelines:

- 1. Follow the orders from your physician concerning your preparation for the procedure.**
- 2. It is important to have someone to take you home to insure your safety after having an anesthetic. A taxi will not be permitted.**
- 3. All jewelry is to be left at home. We cannot be responsible for your valuables.**
- 4. We do not always have your medication lists available to us. Please have updated list of current meds, dosages and medication schedule. We also need your allergies.**

We at Premier Endoscopy will do everything possible to see that your designated time for your procedure is kept. Unfortunately, emergencies do occur which can lead to your procedure being delayed.

We look forward to providing excellent care during your visit.



Medication Reconciliation Form

(LIST ALL ALLERGIES)

| Allergic to / Describe Reaction: | Allergic to / Describe Reaction: |
|----------------------------------|----------------------------------|
| | |
| | |
| | |
| | |

List ALL medications, vitamins, herbal, over the counter, pumps, patches, inhalers, sprays, ointments.

| Medication Name | Dose | Frequency (How Often) | Indication(Reason) | Medication Taken Today? | |
|-----------------|------|-----------------------|--------------------|-------------------------|----|
| | | | | YES | NO |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |

BELOW THIS LINE CENTER USE ONLY

Source:

- Patient
- Family
- Other _____
- Provided List
- History & Physical (PCP)

Admitting Nurse: _____

| New Medication Prescribed Following Your Surgery | | |
|--|----------------------|-----------------------|
| Medication | Dose/Route/Frequency | Possible Side Effects |
| | | |
| | | |
| | | |