



STEVEN A. MECKSTROTH MD.

WILLIAM GONZALEZ PA-C

KARINA HOOPER PA-C

**Preparation Instructions for a Colonoscopy SUPREP**

Patient's Name: \_\_\_\_\_

Procedure Date: \_\_\_\_\_ Arrive By: \_\_\_\_\_ Procedure at: \_\_\_\_\_

**Facility:**

- Premier Endoscopy Center (2<sup>nd</sup> Floor)                       North Collier  
 NCH (Downtown)

**Purchase:**

1. SUPREP Bowel Prep Kit (Sent electronically 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	Carbonated Drinks	
Jell-O	Beef Broth	Chicken Broth
Coffee	Tea	Vegetable Broth
Apple Juice		Popsicles
Gatorade		

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

**Follow SUPREP Instructions on the next page.**



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**FOLLOW THE INSTRUCTIONS GIVEN BELOW, NOT THE INSTRUCTIONS THAT ARE IN THE BOX**

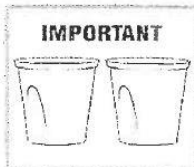
**THE DAY BEFORE YOUR PROCEDURE:**



**Step 1: (First Dose)** Beginning at **1:00 PM**, pour the entire contents of 1 bottle of SUPREP Bowel prep kit into the mixing container provided.



**Step 2:** Fill the container with ice cold water to the 16oz fill line as indicated on the mixing container. **Drink the entire amount.**



**Step 3:** Over the next several hours, drink **5** additional 16 Oz containers of clear liquid. This is part of the prep and very important.

**REPEAT THE ABOVE STEPS AGAIN AT 6:00 PM**

**\*\*\* You are also STRONGLY encouraged to drink as much other clear liquids as you want until bedtime!! \*\*\***

**NOTHING TO DRINK AFTER MIDNIGHT**

**IMPORTANT REMINDERS TO FOLLOW ON THE DAY OF PROCEDURE:**

- Take your morning dose of heart and blood pressure pills only with a few sips of water.
- Two hours before your exam do your Fleet enema (if needed)
- Be prepared to send approximately 2 hours at the center.
- **YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME, AS YOU WILL BE SEDATED.**



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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

**BELOW THIS LINE CENTER USE ONLY**

**Source:**

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

Admitting Nurse: \_\_\_\_\_

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