

**G A T G I**Gastroenterology Associates of Tidewater
(757)547-0798

Patient Name _____

Acct# _____ Doctor _____

Colonoscopy Date: _____

Check In time: _____

Procedure time: _____

☐ Virginia Beach Office – 5701 Cleveland Street, Suite 100☐ Chesapeake Office – 661 Independence Pwy., Suite 120☐ CRMC – 736 North Battlefield Blvd, Chesapeake**PLEASE READ & INITIAL:**

DRIVER: Required to have an adult driver REMAIN on premises during procedure and to drive you home and assume responsibility for your care afterwards. Otherwise, your procedure will be canceled.

CANCELLATIONS: Must be made Mon-Fri 9AM-4PM. Cancellations made less than 72 hours from scheduled procedure & NO SHOWS will have a \$200.00 fee added to account, not billable to insurance.

DO NOT drink alcohol, smoke marijuana, or use recreational drugs for 24 hours prior to procedure.

NOTHING BY MOUTH for 4 hours prior to procedure.**All Patients:** Pick up all prescriptions and over-the counter medications as soon as possible. **DO NOT WAIT.****INSTRUCTIONS FOR: PLENVU preparation for Colonoscopy**

Start Low Residue Diet (instructions attached)

-----**DAY BEFORE COLONOSCOPY**-----1) **Take all regular medications as directed EXCEPT for diabetic meds and blood thinners.**2) **CLEAR LIQUID DIET ALL DAY – NO SOLID FOOD, NO MILK/MILK PRODUCTS, NO RED DYE**

You may have:

- 1) Water, Soda (any), Gatorade (NO red), Clear Fruit Juice (apple, white grape, cranberry?), Black coffee (sweetner OK, no creamer)
- 2) Jello (all flavors, NO red), Italian ices, Slurpees (NO red)
- 3) Boullion or Fat Free Broth
- 4) Hard Candy (Lifesavers)
- 5) Boost or Ensure (ONLY up until midnight)

3) At 5:00 PM Take 2 Dulcolax (Bisacodyl) tablets.

4) At 6:00 PM Empty Dose 1 pouch into the disposable container. Add 16oz of tap water to the top line. Mix to dissolve and finish slowly over 30 minutes.

5) Drink an additional 16 oz. OR MORE of clear liquids before bed.

-----**DAY OF COLONOSCOPY**-----1) **Take all regular medications as directed EXCEPT for diabetic meds and blood thinners.**

2) At _____AM Take 2 Dulcolax (Bisacodyl) tablets.

3) At _____AM/PM: Empty Dose 2 pouch A and pouch B into the disposable container. Add 16oz of tap water to the top line. Mix to dissolve and finish slowly over 30 minutes. Follow with additional 16 oz. OR MORE of clear liquids.

4) _____AM/PM **NOTHING BY MOUTH AFTER THIS TIME!!!**

5) PLEASE: NO PERFUME, PERFUMED LOTION OR AFTERSHAVE!

6) DIABETICS: Check blood sugar one hour before procedure.

7) **ARRIVE AT THE INDICATED CHECK-IN TIME!!**