

IF YOU ARE ON **ANY WEIGHT LOSS MEDICATION**,
PLEASE LET US KNOW, AS IT NEEDS TO BE HELD **AT**
LEAST 1 WEEK PRIOR.

DATE :

ARRIVAL TIME :

PROCEDURE TIME :

CLEAR FLUIDS, NO SOLID FOOD THE ENTIRE DAY BEFORE
PROCEDURE.

STOP ALL FLUIDS 4 HOURS PRIOR TO PROCEDURE TIME.

PLEASE PICK UP PREP ASAP.

PLEASE READ INCLUDED INSTRUCTIONS THOROUGHLY PRIOR
TO PROCEDURE DAY.

PLEASE COMPLETE AND BRING THE ATTACHED MEDICATION
FORM THE DAY OF YOUR PROCEDURE.

CANCELLATION POLICY FOR ALL PROCEDURES

Starting five days before your procedure you will receive an email to confirm your appointment, as well as a text message, and a phone call. It is **REQUIRED** that you confirm your appointment by one of these methods **48 hours before** your procedure, or your **procedure will be cancelled**.

In addition, if you do not show up to your procedure or cancel the morning of, you will be billed a **fee of \$100**.

Thank you!

North Shore Digestive Medicine, P.C.
Farzad Forohar, M.D.
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Phone 631-724-5300/Fax 631-724-5400

COLONOSCOPY WITH SUTABS (SPLIT DOSE)

Your procedure is scheduled with Dr. Farzad Forohar

on _____ at _____
(Arrive 1 hour before appt. time)

ARRIVAL TIME: _____

10 DAYS PRIOR TO PROCEDURE:

1. Confirm your ride arrangements. You must have an adult (over age 18) accompany you home, even if you take public transportation, taxi or a van to the procedure. **YOUR PROCEDURE WILL BE CANCELLED IF YOU HAVE NOT MADE ARRANGEMENTS.** You will not be able to drive for the remainder of your procedural day.
2. If you take Coumadin, Plavix, Lovenox or any other anti-coagulant medication (blood thinners) you may need approval to stop your medication up to 7 days prior to your procedure. PLEASE CONTACT: () primary care doctor () cardiologist for approval. Continue to take your blood pressure medication and other medications.
3. If you are a diabetic on insulin or oral medication, you should have received special instructions on what to do with your medications the day before and the morning of your procedure. Please contact the office if you have any questions.
4. If you take Aspirin, anti-inflammatory and/or arthritis medications, you may need special instructions to: () continue medication () stop 5 days before procedure. You may take Tylenol for pain.
5. We must know if you have an implanted defibrillator (AICD), pacemaker, or artificial heart valve. If you have not already done so, please contact the office with this information.
6. Please pick up your Preparation Kit from the pharmacy a few days before your exam.

The preparation is needed to empty your bowel contents so we can see the intestinal lining. It will be necessary for you to take the entire prep—if not, your test may need to be repeated at another time.

DAY BEFORE PROCEDURE:

NO SOLID FOOD.....CLEAR LIQUIDS ONLY FOR THE ENTIRE DAY (BEFORE PROCEDURE)!! Clear liquids include water, apple juice, white grape juice, Gatorade, Jell-o, beef or chicken broth, ice pops, clear tea or black coffee. No milk or milk products. No gum or candy allowed. No orange juice or anything that is not clear or translucent. **PLEASE AVOID ANY RED, BLUE OR PURPLE-COLORED CLEAR LIQUIDS.**

1. DOSE 1--Beginning between 5 pm-6 pm the day before your colonoscopy:

STEP 1: Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, and drink the entire amount of water over a 15-20 minute time frame.

STEP 2: Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over a 30 minute time period.

STEP 3: Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to fill line), and drink the entire amount over a 30 minute time period.

DAY OF EXAM

2. DOSE 2—Day of the colonoscopy:

- The morning of colonoscopy 6 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1, open the second bottle of 12 tablets.
- Repeat above Steps 1-3 from Dose 1.

YOU MUST COMPLETE ALL SUTAB TABLETS AND REQUIRED WATER AT LEAST 4 HOURS BEFORE COLONOSCOPY.