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Your procedure is scheduled for _____, please arrive at _____.

Your CoPay will be _____. You could receive up to 4 bills if your deductible or coinsurance applies. These bills are for the facility fee, physician fee, labs and anesthesia.

Please call your insurance directly with questions related to your coverage.

If you do not show up for your procedure, you will be responsible to pay a \$120 no show fee.

Your procedure is scheduled at:

The Colonoscopy Center, Lansdale (815 Sumneytown Pike, Suite 110, Lansdale)
The Colonoscopy Center, Sellersville (817 Lawn Ave, Building B – 2nd Building in lot, Sellersville)
Grandview Hospital (700 Lawn Ave, Sellersville)
Einstein Hospital (559 W Germantown Pike, East Norriton)

Your procedure will be performed by Dr. Markos Dr. Lukaszewski Dr. Nam
 Dr. O'Connor Dr. Sun

Attached you will find the instructions for your bowel prep.

Prior to arriving, please review our patient rights and responsibilities at
www.cgi-health.com/rights.

If you are unable to access the patient rights and responsibilities (or you would prefer a hard copy), have any questions in regards to the prep, or if you need to change your appointment please contact _____ at 215-257-5071 ext _____.

When you arrive for your procedure, please bring both a photo ID and your insurance card(s) with you. You can expect to be here for approximately 1 ½ hours.

For our female patients between the ages of 18-57: On the day of the procedure you will be asked to provide the date of your last menstrual cycle and asked if there is any chance you could be pregnant. If uncertain, we advise you to take a pregnancy test prior to your arrival or your procedure will be cancelled.

Please no smoking the day of your procedure (cigarette, pipe, cigar, e-cigarette, and/or marijuana).

THE PREP

Note: Prescription Required

PRIOR TO YOUR PROCEDURE

Obtain your prescription from any local pharmacy.

**Please note: Seeds, nuts, and the skins of fruits & vegetables interfere with our scoping equipment.
Please avoid eating these foods for 3 days prior to your procedure.
Peeled and deseeded fruit and vegetables are safe to eat.**

If you are DIABETIC, please consult with the physician who regulates your medication so that they make the proper adjustments while you are on a liquid diet the day before your procedure.

THE DAY PRIOR TO YOUR PROCEDURE

NO SOLID FOOD IS TO BE EATEN THE DAY BEFORE YOUR PROCEDURE.

You may have clear liquids up to **4 hours** prior to your procedure. Clear liquids are soup broth, bouillon soup, soda, iced tea, hot tea, black coffee (no milk, cream or non-dairy coffee additives, sugar is ok), water, **non-red or purple** colored juices (i.e. apple, white grape, white cranberry), strained lemonade, **non-red or purple** colored Kool Aid, Gatorade, Crystal Light, popsicles without ice cream, Italian water ice, and Jell-O.

Medications may be taken as usual on this day.

5PM (MANGO) – Mix Contents of 1st dose with 16oz of water and drink within 30 minutes.
Follow with one 16oz cup of clear liquid.

10PM (FRUIT PUNCH) – Mix contents of 2nd dose with 16oz of water and drink within 30 minutes.
Follow with one 16oz cup of clear liquid.
Take your time drinking this dose. Do not drink all at once.

MORNING OF YOUR PROCEDURE

NO FLUIDS 4 HOURS PRIOR TO YOUR PROCEDURE

Please remember to discontinue drinking fluids 4 hours prior to procedure! However, you may take your heart and/or blood pressure medication with a sip of water if necessary at least 3 hours prior to your procedure.

DRIVER NEEDED: If you do not have a driver you will have the option of either having the procedure done without sedation or you may reschedule for another day. Public transportation (cab, public or private transit vehicles, etc) is acceptable after your procedure **only** if you have a responsible adult to accompany you. An adult must remain with you for the remainder of the day.

You are not permitted to drive until the next morning.