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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

PRIOR TO YOUR PROCEDURE

PLEASE PICK UP YOUR PRESCRIPTION AT YOUR 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.

Do not take any other laxatives while taking SuTab. Do not use if you have a bowel perforation, obstruction, toxic colitis, megacolon, or have gastric retention.

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

***You may have a Light breakfast up until 8AM
No solid food is to be eaten the rest of the day.***

The following clear liquids are acceptable the day prior to your procedure: 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 restriction on this day.

- *Do not take oral medications within 1 hour of starting each dose of SUTAB.*
- *If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB*

At 6:00 PM 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 over 15 to 20 minutes.

- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

Continue drinking fluids until bedtime as this will aid in the overall cleansing of your bowel for colonoscopy.

MORNING OF YOUR PROCEDURE

- *Do not take oral medications within 1 hour of starting each dose of SUTAB.*
- *If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.*
- *No fluids 4 hours prior to your procedure or you may be canceled.*

At 5:00 AM Open remaining 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 over 15 to 20 minutes.

- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

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.

**Reminder: No fluids within 4 hours of your scheduled procedure
or you may be canceled!**