

**INTEGRATED MEDICAL GROUP, P.C.
GASTROENTEROLOGY / HEPATOLOGY**

48 TUNNEL ROAD, SUITE 104, POTTSVILLE, PA 17901
(570) 622-5555 FAX (570) 622-6047

STEPHEN O. SLUSSER, M.D.
PHOEBE HALL, C.R.N.P.
ROBERT C. ALLISON, PA-C

AMRIT P. NARULA, M.D.
F.A.C.P., F.A.C.G., F.A.C.N., A.G.A.F.
MEGAN AMEY, PA-C

PATIENT: Gi House Acct

DOB: 10/15/2009

DATE OF PROCEDURE 00/00/0000

PREPOPIK PREP

YOUR PRESCRIPTION WILL BE ELECTRONICALLY SENT TO YOUR PHARMACY FOR YOUR BOWEL PREP KIT. YOU WILL FOLLOW THIS PREPARATION, NOT WHAT IS LISTED ON THE PACKAGE YOU PICK UP AT THE PHARMACY

ASPIRIN OR COUMADIN DIRECTIONS ARE AS FOLLOWS:

1. Stop Coumadin 3 days prior to your colonoscopy.
2. Stop Plavix 5 days prior to your colonoscopy.
3. Stop Aspirin 7 days prior to your colonoscopy.
4. If you take both Plavix and Aspirin stop the Plavix 5 days prior but continue your Aspirin.
5. **PLEASE VERIFY THE STOPPING OF ANY OF THESE MEDICATIONS WITH YOUR PCP/CARDIOLOGIST.**

DAY PRIOR TO PROCEDURE:

1. Drink only clear liquids. **YOU CAN NOT HAVE ANY SOLID FOOD.**
2. **Samples of clear liquids:** strained orange juice, broth, coffee, clear grape juice, kool-aid, apple juice, tea, water, Gatorade, ensure, lemonade, soda and jello.
NO MILK, MILK PRODUCTS or RED FLUIDS.
3. **Start the prep between 1 pm and 3 pm.** Fill the dosing cup provided with cold water up to the lower (5-ounce) line on the cup.
4. Pour in the contents of (1) packet. Stir for 2-3 minutes until dissolved & drink all contents.
5. Follow with Five 8-ounce drinks of clear liquids, taken at your own pace with in the next 5 hours, before bed.
6. Repeat steps 3 & 4 and follow with (3) 8-ounce drinks of clear liquid 5 hours before your colonoscopy. **YOU MUST DRINK THIS WITHIN AN HOURS TIME.**
7. **DO NOT TAKE ANYTHING AFTER MIDNIGHT EXCEPT FOR PACKET #2 FIVE HOURS PRIOR TO YOUR SCHEDULED TIME.**
8. The **Schuylkill Endoscopy Center (SEC)** will call you in the afternoon the day before your procedure with your time. **IF YOU NEED TO CANCEL YOUR PROCEDURE AFTER 5 P.M. THE DAY BEFORE, PLEASE CALL (570) 622-6520 AND LEAVE A MESSAGE. IF YOU DON'T RECEIVE YOUR TIME BY 3 PM PLEASE CALL OUR OFFICE AT 570-622-5555.**
9. If you are scheduled at the Schuylkill Medical Center Out Patient Center, you will need to call our office after 2 P.M. to get your time.

***** **You must pick your prescription up at the Pharmacy within one week from today's appointment. Some pharmacy's do not hold prescriptions after one week.**

DAY OF THE PROCEDURE:

1. DO NOT EAT OR DRINK ANYTHING IN THE MORNING.
2. TAKE ONLY NECESSARY MEDICATIONS (**HEART or BLOOD PRESSURE**) WITH A SIP OF WATER.
3. DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST.
4. YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.
5. SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.

*** YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE.**

FACILITIES:

1. **SCHUYLKILL ENDOSCOPY CENTER** - SUITE 103 Evergreen Professional Suites Bld
2. **SCHUYLKILL MEDICAL CENTER OUT PATIENT CENTER**-Mauch Chunk St. OFF ROUTE 61.

*****IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED **IS NOT** YOUR SCHEDULED TIME. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SHOW YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.*****

Patient Signature: January 5, 2017