AARON B. PARRISH M.D. 14850 Los Gatos Blvd. Los Gatos, CA 95032 (408) 358-2868 COLONOSCOPY INSTRUCTIONS SUTAB AM and PM

Patient Nai	me:			(LF	ETICIA EXT 23)	
14601 Sc	Valley Surg. Ctr. b. Bascom Ave. #100 s, CA 95032 402-0663	15195 National Ave. 1	.00	15251 National Ave	nue #207	
Date of Pro	ocedure:					
Arrival Tim	ne at Facility:	AM PM	Procedur	e Time:	AM PM	
	ready to be picked ed someone to driv	• • • •	•		ce a TAXI.	
Anes	procedure IS NOT sthesia. procedure IS schedons.					
		BOWEL	PREP			
You will ne	ed to purchase Sut a	ab from a pharmac	cy. (Do Not	Follow Directio	ns on Box)	
You i Gink by Di If you	YS BEFORE PRO may <u>NOT take aspir</u> o Biloba, St. John's V r. Parrish. You MAY u are on Coumadin, NOT EAT BERRI I	<mark>rin</mark> or other anti-inf Vort <mark>or Fish Oil</mark> for ' use Tylenol (Aceta Eliquis or other blo	7 days pricaminophenod thinner:	or to your proced) as needed. s, please alert us.	ure unless OK'd	
***1 DA	*AFTER 10:00 AM Examples of clear	R BREAKFAST BEF I: CLEAR LIQUIDS of liquids are on the ba	<mark>ONLY</mark> ackside of t			
	<u>NO DAIRY</u> PRODU	ICTS! <u>NO REL</u>	FLUIDS!			
STEP 1	***5:00PM-FILL THE 16OZ CUP WITH WATER. SWALLOW EACH TABLET (12 TABLETS) WITH A SIP OF WATER AND DRINK THE ENTIRE AMOUNT WITHIN 15-20 MINUTES.					
STEP 2	1 HOUR LATER D	RINK 320Z OF WA	TER WITH	IIN 60 MINUTES.	ı	
***DAY	OF PROCEDURI	<u> </u>				
	5 HOURS BEFORE YOUR PROCEDURE REPEAT <u>STEP 1 & 2</u>					

YOU MAY HAVE CLEAR LIQUIDS UP TO 2 HOURS BEFORE YOUR PROCEDURE. Prescription medications should be continued throughout the preparation with a sip of water. If you are

a diabetic, please bring your morning insulin or oral medications with you.

STOP ALL LIQUIDS AS OF ______INCLUDES WATER.

Our office will call your insurance and get authorization for your procedure. We will be calling you to <u>collect payment</u> for our fee for your procedure <u>if your deductible for the year has not yet been met.</u>

There will be several entities involved in your care. The following will be requesting payment

from you or your insurance company:

- 1. Surgeon
- 2. Anesthesiologist (if indicated)
- 3. Facility
- 4. Pathology (if indicated)

CANCELLATION POLICY

As a courtesy to the practice and to my other patients, please <u>keep</u> the appointments that you schedule. We require a **FIVE WORKING DAY CANCELLATION OR RESCHEDULING NOTICE**, if you cannot keep your procedure appointment. If the cancellation policy is not kept or you are a "**no show**" the day of the procedure, there will be a **\$100.00** fee billed directly to you. **THIS DOES NOT INCLUDE THE DAY YOU CALL IN TO CANCEL YOUR PROCEDURE NOR THE DAY OF YOUR PROCEDURE. IF YOU CANCEL MORE THEN ONE TIME FEE INCREASES TO \$150.00**

LIST OF CLEAR LIQUIDS FOR BOWEL PREPARATION: (* * Nothing with <u>RED</u>, Nothing with <u>MILK</u> * *)

BEVERAGES OR FLUIDS BY MOUTH

Water or Ice

Tea (no milk or non-dairy creamer)

Coffee (no milk or non-dairy creamer)

Ginger Ale

Sodas

Orange Soda

Sport drinks like Gatorade

Fruit juices (no pulp)

Lemonade or Limeade

Apple Juice or Cider

White Grape Juice

White Cranberry

Kool-Aid

Tang

SOUPS

Broth or Bouillon

(ie: Chicken, Beef, or veggie)

DESSERTS

Popsicles (no red)

Italian Ice

Shaved Ice

Jello (ie: lemon, lime, orange) with NO

FRUIT or TOPPINGS added

Hard Candy (clear)(ie: Jolly Ranchers,

Life Savers)