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# **Colonoscopy Instructions (CLENPIQ)**

Procedure Date: \_\_\_\_\_\_ Follow Up: \_\_\_\_\_ Time: \_\_\_\_\_ *The facility will call you with the time 2* **business days** prior to your procedure date

| <br>FACILITY                      | ADDRESS                                  | PHONE#       |
|-----------------------------------|--|--------------|
| ORANGE CITY SURGERY CENTER        | 975 Town Center Dr., Orange City FL      | 386-456-5247 |
| LAKE MARY SURGERY CENTER          | 460 ST Charles Court, Lake Mary FL       | 407-585-0263 |
| FHC PLANS SURGERY CENTER          | 2777 Enterprise Rd, Orange City FL       | 386-481-6289 |
| FL HOSPITAL FISH MEMORIAL         | 1055 Saxon Blvd, Orange City FL          | 386-917-5000 |
| CENTRAL FLORIDA REGIONAL HOSPITAL | 1401 West Seminole Blvd, Sanford FL      | 888-894-2106 |
| RINEHART SURGERY CENTER           | 392 Rinehart Rd Suite 1090, Lake Mary FL | 321-363-9400 |

## **RINEHART SURGERY CENTER**

# \*\* If you've been vaccinated no COVID test is required \*\* COVID-19 Testing is required before scheduled procedure, for those who have not yet been vaccinated. The surgery Center will contact you to set up this appointment.

#### INSTRUCTIONS:

- Continue taking routine medications, including blood pressure and heart medications.
- If diabetic, only take ½ of your usual dose the morning of procedure.
- Before stopping any blood thinner, please discuss with your prescribing provider.
- Hold Coumadin, Plavix, Effient, Brilinta for 5 days before your procedure.
- Hold Pradaxa, Eliquis, and Xarelto for 2 days before your procedure.
- **5 days** before, discontinue iron supplements, vitamins, or herbal supplements
- **5 days** before, do not take any: Aleve, Motrin, Naproxen, Ibuprofen Tylenol is safe to use.

• You must have a friend or family member drive you to and from the facility. NO FORM OF TAXI SERVICE IS PERMITTED.

#### DAY BEFORE PROCEDURE:

#### Do Not Eat Any Solid Food The Entire Day Before The Procedure!

Have a clear liquid diet throughout the day. Avoid liquids that are red or purple in color such as red grape or cranberry juice. Avoid ALL dairy products and juices with pulp such as orange or grapefruit juice. You can drink **clear** liquids **(NO REDS/DARK COLORS)** until 3 hours before the procedure. At the 3 hour mark, nothing by mouth including water. You may take any necessary medications with a small sip of water **but no later than 3 hours prior to your procedure**.

#### <u>Clear Liquids include the following:</u>

Soups: Broth (chicken, beef or vegetable) Juices: White grape juice, Apple etc. Desserts: Jell-O, Italian Ice, Popsicles, etc. Sports Drinks: Powerade, Gatorade, Propel Beverages: Tea, Kool-aide, Water, Black Coffee

> 2884 Wellness Ave Orange City, FL 32763 (386) 668-2221

929 N Spring Garden Ave Ste. 150 DeLand, FL 32720 (386) 469-7993 795 Primera Blvd, Ste. 1001 Lake Mary, FL 32746 (407) 749-6656



| If your procedure is before 12PM   | If your procedure is After 12PM  |  |
|--|--|--|
| 1. At 5:00PM, drink 5.4 bottle of CLENPIQ.                                       | 1. At 7:00PM, drink 5.4 bottle of CLENPIQ.                                       |  |
| 2. Drink (2) more 16-ounce cups of water (or clear liquid) over the next 1 hour. | 2. Drink (2) more 16 ounce cups of water (or clear liquid) over the next 1 hour. |  |
| 3. At 11:00PM, drink 5.4 bottle of CLENPIQ.                                      | 3. At 6:00 AM, drink 5.4 bottle of CLENPIQ.                                      |  |
| 4. Drink (2) more 16-ounce cups of water (or clear liquid)                       | 4. Drink (2) more 16 ounce cups of water (or clear liquid) over                  |  |
| over the next 1 hour.  | the next 1 hour.   |  |

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# Please allow a 5 business day notice for cancellation or there will be a \$200 charge.

### **Cancellation Fees:**

- Colonoscopy: \$200
- Endoscopy: \$200
- Flexible Sigmoidoscopy: \$200
- Interstim: \$200

- Capsule Endoscopy: \$100
- Anorectal Manometry: \$100
- Hemorrhoid Banding: \$20
- Follow Up: \$20

\*\*Any procedure cancellations need to be made 5 business days prior to the scheduled date to avoid any cancellation fees. Follow up appointments need to be cancelled 2 business days prior\*\*

Patient Name: \_\_\_\_\_

Date:

DOB:

Patient Signature: \_\_\_\_\_

Please call the office if you have any questions or concerns.

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