



Vishal Gupta M.D.
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Dany Shamoun M.D.
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Board Certified in Gastroenterology

INSTRUCTIONS FOR FLEX SIGMOIDOSCOPY

Procedure Date: _____ Follow Up: _____ Time: _____

*The facility will call you with the time 2 **business days** prior to your procedure date*

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:

- Five days before do not take any Aspirin, Advil, Aleve, Motrin, Naproxen, Celebrex, Trental, Relafen, all vitamins and herbal supplements. It is safe to take Tylenol as a pain reliever.
- Stop taking Coumadin and Plavix five days prior to procedure. Continue taking routine medications, including blood pressure and heart medications.
- If diabetic, do not take diabetic medications the night before and the morning of procedure.

Day before procedure:

- Clear liquid diet the entire day but nothing to eat or drink after midnight. You may take any necessary medications with a sip of water up to 3 hours prior to your procedure.
- At 6 p.m. do 2 bottles of Magnesium Citrate
- Morning of procedure do 1 Fleet Enema
- **You must have a friend or family member drive you to and from the facility. NO FORM OF TAXI SERVICE IS PERMITTED.**

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



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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: _____ DOB: _____

Patient Signature: _____ Date: _____

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

Please visit us on the web at ***GreaterOrlandoGI.com!***

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