

Colonoscopy Prep Instructions (Plenvu)

Procedure Date: _____ Follow Up Date and 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
ADVENT HEALTH FISH MEMORIAL	1055 Saxon Blvd, Orange City FL	386-917-5000
LAKE MONROE HOSPITAL	1401 West Seminole Blvd, Sanford FL	888-894-2106
RINEHART SURGERY CENTER	392 Rinehart Rd Suite 1090, Lake Mary FL	321-363-9400

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.**

Clear Liquids include the following:

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

If your procedure is before 12PM	If your procedure is After 12PM
1. At 5:00PM, pour Dose 1 of Plenvu into the mixing container. Add cold water to the 16-ounce line and drink all the liquid in the cup.	1. At 7:00PM, pour Dose 1 of Plenvu into the mixing container. Add cold water to the 16-ounce line and drink all the liquid in the cup.
2. Drink (1) more 16-ounce cup of water (or clear liquid) over the next 1 hour.	2. Drink (1) more 16-ounce cup of water (or clear liquid) over the next 1 hour.
3. At 9:00PM, mix Dose A and Dose B of Plenvu into the mixing container. Add cold water to the 16-ounce line and drink all the liquid in the cup.	3. At 6:00 AM, mix Dose A and Dose B of Plenvu into the mixing container. Add cold water to the 16-ounce line and drink all the liquid in the cup.
4. Drink (1) more 16-ounce cup of water (or clear liquid) over the next 1 hour.	4. Drink (1) more 16-ounce cup of water (or clear liquid) over the next 1 hour.

Cancellation Fees:

As a courtesy to other patients who are waiting for appointments, we require that you provide us with notice of any cancellation of an appointment. Missed or cancelled appointments are subject to the following fees, which are not covered by your insurance:

Surgical Center or Hospital Procedure with less than 72 hours' notice..... \$75
 In-office Procedure with less than 24 hours' notice \$50
 Office visit with less than 24 hours' notice \$25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

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