

COLONOSCOPY INSTRUCTIONS: GOLYTELY/TRILYTE

Procedure Date: _____

Provider Name: _____

The facility will call you with the instructions and arrival time 2 business days before your procedure.

| FACILITY | ADDRESS | PHONE # |
|--------------------------------|-------------------------------------------------|--------------|
| WELLNESS AVENUE SURGERY CENTER | 2863 Wellness Ave. Orange City, FL | 386-297-7239 |
| CURRENCY CIRCLE SURGERY CENTER | 835 Currency Circle, Suite 1021 Lake Mary, FL | 407-544-6643 |
| FHC PLANS SURGERY CENTER | 2777 Enterprise Rd. Orange City, FL | 386-481-6289 |
| ADVENTHEALTH FISH MEMORIAL | 1055 Saxon Blvd. Orange City, FL | 386-917-5000 |
| LAKE MONROE HOSPITAL | 1401 West Seminole Blvd. Sanford FL | 888-894-2106 |

Follow-up Appointment Date and Time: _____

| OFFICE | ADDRESS | PHONE # |
|-------------|---------------------------------------------------|--------------|
| ORANGE CITY | 2884 Wellness Avenue, Suite 100 Orange City, FL | 386-668-2221 |
| LAKE MARY | 835 Currency Circle, Suite 1001 Lake Mary, FL | 407-749-6656 |
| DELAND | 929 N Spring Garden Ave, Suite 150 DeLand, FL | 386-339-2692 |

INSTRUCTIONS

- Continue taking routine medications, including blood pressure and heart medications.
- If **diabetic**, take ½ of your usual dose of insulin the morning of your procedure.
- **Before stopping any blood thinner**, contact your prescribing provider.
- **7 days before** your procedure, **hold/do not take** Mounjaro, Ozempic, Rybelsus, Trulicity, or Wegovy
- **5 days before** your procedure, **hold/do not take** the following medications:
 - Coumadin, Plavix, Effient, or Brilinta
 - Aleve, Motrin, Naproxen, or Ibuprofen [Tylenol is safe to use]
 - Iron supplements, vitamins, or herbal supplements
- **2 days before** your procedure, **hold/do not take** Pradaxa, Eliquis, or Xarelto.
- **5 days before** the procedure, follow a low fiber diet.
 - Avoid: Raw vegetables, whole grains, nuts, seeds, corn, beans, oatmeal, and brown rice
 - Allowed foods (not limited to): Cooked or canned fruits & vegetables, white bread/rice/pasta, tender meats, and potatoes without skin
- You must have a friend or family member drive you to and from the facility. No form of taxi or ride-sharing service is permitted.

ACCEPTABLE CLEAR LIQUIDS

- **Soups:** Broth (chicken, beef, or vegetable)
- **Juices:** White grape juice, apple juice, etc.
- **Desserts:** Jell-O, Italian ice, Popsicles, etc.
- **Sports Drinks:** Powerade, Gatorade, Propel
- **Beverages:** Tea, Kool-aide, water, black coffee

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Suite 1001
Lake Mary, FL 32746
(407) 749-6656

- **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.
- Until **3 hours before** your procedure time, you may drink clear liquids (NO RED/DARK COLORS). You may also take any necessary **medication** with a small sip of water. **At the 3-hour mark, take nothing by mouth including water.**

DAY OF PROCEDURE

- **Do Not Eat Any Solid Food the Day of the Procedure.**
- Until **3 hours before** your procedure time, you may drink **clear liquids** (NO RED/DARK COLORS). You may also take any necessary **medication** with a small sip of water. **At the 3-hour mark, take nothing by mouth including water.**

CANCELLATION FEES

I understand that missed or cancelled appointments are subject to the following fees:

Surgical Center or Hospital Procedure with less than 72 hours' notice..... \$75

| | |
|-----------------------------------------------------------|------|
| In-office Procedure with less than 24 hours' notice | \$50 |
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| Office visit with less than 24 hours' notice | \$25 |
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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.

Name

DOB

Signature

Date _____

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

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