

Reno Endoscopy Center 880 Ryland Street Reno, NV 89502 1-800-442-0041

South Meadows Endoscopy Center 10619 Professional Circle

0619 Professional Circle Reno, NV 89521 1-800-442-0041

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South Meadows (775)	852-4848		
	Appointment Date:		
er	Check-in Time:		
copy Center	Appointment Time:		
(WITH SE	SCOPY PREPARATION EDATION) ax Prep)		
ottle of Miralax oz bottles of Gatorad ble wipes, disposable	le following (a <i>prescription is not required):</i> le e undergarments, etc.		
you, please let us kr	now in advance of the examination so that we car or blood from clotting (i.e. Coumadin, warfarin, orient).		
s containing OLESTI ; read labels carefull th or Pepto Bismol®, ments (unless otherv rin or anti-inflammato	RA / Olean ® fat substitute which can be found in y. and any supplements containing fish oil		
	South Meadows (775) Per copy Center LE SIGMOIDOS (WITH SE (Mirala) acy and purchase the ottle of Miralax oz bottles of Gatorado ble wipes, disposable ble wipes, disposable wipes, disposable wince, pradaxa, and Effect on that prevents your vix, Pradaxa, and Effect on the prevents of the or Pepto Bismol®, ments (unless otherwin or anti-inflammator)		

Two (2) days before the procedure: ___ \ __ _

• Stop taking any antidiarrheal medications (i.e. Imodium® or Lomotil®)



D	av	before	the	proced	ure:	'	\	\	

- DO NOT EAT ANY SOLID FOOD AFTER 3PM
- START CLEAR LIQUID DIET
 - o **EXAMPLES:** water, clear fruit juices (pulp-free, no red or purple), soft drinks (no red or purple), strained soups and bouillon, Jell-O (no red or purple), Popsicles (no red or purple), black coffee or tea and Lifesavers (no red or purple).
 - o AVOID ALL SOLID FOODS and alcohol.
- Between 5:00PM and 7:00PM:
 - o MIX one (1) capful of Miralax in 8 oz of water or Gatorade
 - o Drink one (1) 8 oz glass of mixture every hour until bowel movements are watery liquid and tea color. Plan to drink a minimum of four (4) 8oz glasses of prep.
- Continue drinking plenty of clear liquids throughout the evening.

Day	of the	procedure:	,	\	١	

• Stop your clear liquid diet 4 hours prior to your procedure time. For your safety, it is very important that you nothing to eat or drink 4 hours prior to your procedure time.

NOTE: Individual responses to laxatives may vary widely. You may experience mild abdominal cramping and expect a number of liquid bowel movements within several hours. You may also experience bloating and nausea. No laxative bowel preparation is pleasant. This solution has been developed to make your preparation as simple and effective as possible. Also, remain within easy reach of bathroom facilities once you start the preparation.

"Allergic reactions to the constituents of the bowel cleansing solution are rare.

If you think you are having an adverse reaction, please contact us immediately or go to nearest ER."



GENERAL INFORMATION:

Please comply with the following instructions listed below:

- 1) Please contact our office if you have **not** been provided specific instructions regarding holding or continuing medications (i.e. diabetic and/or medications and blood thinner medications).
- 2) Bring all completed forms from your patient procedural packet (if applicable).
- 3) Driver Arrangements: Your procedure(s) will be performed under sedation. You are unable to drive for the remainder of the day. Please ensure you have arranged for a driver, a responsible adult, to take you home. Driver must be at the Center by your "procedure start time".
 - a. **Taxi Policy:** You may only use a taxi if accompanied by a responsible adult. Sedated patients cannot ride in a taxi or bus alone.
- 4) Bring your insurance cards and a photo ID such as a driver's license so that we may assist you in billing for our services.
 - a. All co-pays and deductibles are due at the time of service. Please be prepared to pay these fees on the day of your procedure.
- 5) Procedure Cancellations or Rescheduling: We require at least 48-hour notice or you may be charged a \$100.00 no show fee for your appointment.
- 6) Leave all jewelry and personal valuables at home.
- 7) Bring any reading glasses and/or hearing aids.
- 8) Patient Contact Information (day of procedure): If you are coming from out of town or staying at a place other than your main residence, please call our office and leave a number where you will be staying in case we need to contact you.

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