



GASTROINTESTINAL MEDICINE ASSOCIATES, INC.

www.GIMEDRI.com

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PLEASE READ ALL OF THE ENCLOSED INSTRUCTIONS AND MAKE SURE YOU HAVE OBTAINED THE DATE/TIME/LOCATION AND ANY OTHER NECESSARY INFORMATION FROM OUR OFFICE:

NAME: _____

YOUR **COLONOSCOPY** IS SCHEDULED AT(Facility): _____

ON: _____ ARRIVE AT: _____

ADDITIONAL INFORMATION GIVEN BY OUR OFFICE: _____

****YOU MUST BE ON CLEAR LIQUIDS THE ENTIRE DAY BEFORE YOUR PROCEDURE.
MAKE SURE TO FOLLOW THE SEPARATE PREP INSTRUCTIONS AS WELL****

THE USE OF BLOOD THINNING MEDICATIONS OR ANTI-COAGULANTS, SUCH AS COUMADIN, PLAVIX, AGGRENOX, ELIQUIS, PRADAXA ETC. SHOULD BE DISCUSSED WITH THE MEDICAL PROVIDER PRIOR TO THE EXAM, YOU WILL BE GIVEN INSTRUCTIONS REGARDING THESE MEDICATIONS.

IF YOU ARE TAKING ASPIRIN, PLEASE **DO NOT STOP** IT PRIOR TO THE PROCEDURE, UNLESS OTHERWISE INSTRUCTED.

IRON SUPPLEMENTS SHOULD BE STOPPED **2** WEEKS PRIOR TO THE PROCEDURE, AS IT HAMPERS THE ABILITY TO GET A CLEAN PREPARATION OF THE COLON. High fiber products, seeds, corn, popcorn, and vegetables or breads with seeds or nuts should be **withheld 7 days prior** to the procedure.

- **YOU WILL NEED A DRIVER THE DAY OF THE PROCEDURE.** A CAB RIDE OR UBER IS NOT ACCEPTABLE UNLESS ACCOMPANIED BY A COMPANION.
- YOU WILL NEED TO BRING A LIST OF YOUR MEDICATIONS & DOSAGES AND A LIST OF ALLERGIES AND TYPES OF REACTION TO THE HOSPITAL THE DAY OF THE PROCEDURE.
- PATIENTS NEED TO BRING THEIR READING GLASSES AND HEARING AIDS ON THE DAY OF THE PROCEDURE.
- WEAR COMFORTABLE CLOTHING AND LEAVE VALUABLES AT HOME.
- WOMEN OF CHILD BEARING AGE WILL NEED TO TAKE A PREGNANCY TEST PRIOR TO THE PROCEDURE.

**WE REQUIRE A 48 HOUR NOTICE IF YOU CANNOT MAKE YOUR APPOINTMENT FOR A PROCEDURE;
OTHERWISE, THERE WILL BE A CHARGE OF \$100.00**

If you have any questions or concerns, please call 401-943-1303 or 401-789-1860 Extension: _____