



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 THE PROCEDURE AND FOLLOW THE ATTACHED INSTRUCTIONS FOR THE PREP.

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, and popcorn should be **withheld 7 days prior** to the procedure.

YOU WILL NEED A DRIVER THE DAY OF THE PROCEDURE. A CAB/Uber/Ride Share etc. 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.
- BE SURE TO REVIEW THE ATTACHED PREP INSTRUCTIONS.

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: _____