DIGESTIVE HEALTH SPECIALISTS, P.A.
AND
CENTER FOR DIGESTIVE HEALTH

589 GARFIELD STREET
TUPELO MS 38801
662-680-5565

Please read the instructions prior to your endoscopy procedure to ensure proper preparation for your exam.
If you have any questions, please call 662-680-5565 or 1-877-942-7876.

FOLLOW THESE INSTRUCTIONS – DISREGARD ANY INSTRUCTIONS PRINTED ON/INSIDE PREP BOX

If this prep prescription is not covered by your insurance, the pharmacy may substitute. If any questions, please call office to discuss.

ONE WEEK BEFORE YOUR TEST: Arrange for a responsible adult over the age of 18 to come with you, remain during the test, and drive you home. If this adult is not present and available to drive you home, your procedure will be cancelled and rescheduled.

Brentwood Pharmacy will be contacting you to fill your prep prescription. Please call 888-683-9444 if you do not receive your prep kit before your procedure date.

Want it transferred to your local pharmacy? Please call 888-683-9444 for easy transfer

ANESTHESIA REQUIRES NO GUM CHEWING, CANDY, DIPPING, SMOKING, OR TOBACCO USE FOR 4 HOURS PRIOR TO TEST.

MEDICAL ALERTS:

Patients who are on peritoneal dialysis should contact your renal physician about antibiotics required prior to your procedure.

If you use a Bi PAP/CPAP machine at home, please bring with you on the day of your test.

MEDICATIONS/ALLERGIES:

Bring a list of your current medications and allergies. Routine medications such as aspirin, blood pressure, cardiac, and seizure medications should be taken with a sip of water the day of your test. **Adipex or any "diet pills" must be held for 4 days prior to test.**

24 HOURS PRIOR TO TEST: No alcohol, marijuana, illicit drug use, or smoking for 24 hours prior.

DO YOU HAVE DIABETES? If you are diabetic, do not take your oral medication the day of your test. If you are insulin dependent, please contact the doctor who is treating you for diabetes regarding insulin adjustment needed.

***GLP1 MEDICATIONS** for diabetes OR weight loss will need to be held before your test. GLP-1 injections (not insulin) should be held for 7 days and GLP-1 oral medications 24-36 hours prior to test. Please consult with your provider for monitoring.

DO YOU TAKE MEDICATION TO THIN YOUR BLOOD? Blood thinners need to be stopped before your exam. Our records show that you are taking _____ which will need to be held for _____ days before your test. You will need to contact your prescribing physician to ensure the safety of stopping these medications. If for any reason you cannot stop your blood thinner as advised, please call our office at least a week in advance to discuss necessary changes for your test.

PREGNANT OR THINK YOU MAY BE? Bowel cleansing products have not been researched/tested on pregnant women. Please discuss risks/benefits of this procedure with your OB/GYN physician.

You must call 72 hours in advance to reschedule/cancel, or you could be charged a fee of $50.

PRE-ADMISSION:

The Center for Digestive Health requires specific information prior to your procedure. Insurance and personal date will be verified, and pre-admission information will be completed. The information needs to be provided by you at lease 4 days before your appointment by stopping by or calling **662-377-2582** the **Center for Digestive Health admission desk,** located on **the ground floor of 589 GARFIELD STREET** from **8AM – 5PM, Monday through Friday**.

BILLING:

The Center for Digestive Health may require a $250 pre-payment for the anesthesia services. Please be prepared to pay this in addition to pre-pays for the physician services and facility fees. You may receive 3 statements for your procedure. A facility fee is issued by the Center for Digestive Health to cover the expense of state-of-the-art equipment and nursing staff. This fee has been approved for coverage by Medicare, Blue Cross and Blue Shield, and other major insurance companies. Following your treatment at the Center for Digestive Health you will be mailed a separate statement for the facility fee. This means you will receive at least three bills; one for the physician's services, one for the Center for Digestive Health facility usage, and one from DHS Anesthesia for the sedation administered during your procedure. The statements may look the same, BUT there will be separate mailing addresses for each one. In addition, if you receive other services such as lab or radiology, insurance will be filed, and a separate statement will also be issued.

If you have any questions regarding a balance you may owe, **please contact our billing department at 662-510-0730.**

THANK YOU FOR SELECTING DIGESTIVE HEALTH SPECIALISTS AND THE CENTER FOR DIGESTIVE HEALTH FOR YOUR HEALTH CARE NEEDS.

REMEMBER: Colon cancer screening is recommended for all men and women age 45 or older. A colonoscopy is the most effective screening approach when performed by an experienced gastroenterologist specializing in endoscopy.

Your procedure is on: _____

Arrival Time: _____

CLEAR LIQUIDS can be water, coffee, tea (sweet or unsweet), clear broth or bouillon, Gatorade, Pedialyte, soft drinks & sodas (carbonated or noncarbonated), Kool-Aid or other fruit drinks, strained fruit juices, Jell-O, popsicles, and hard candy.

NO MILK, DAIRY PRODUCTS, OR COFFEE CREAMER - NO RED OR PURPLE LIQUIDS - NO JUICES WITH PULP

SUPREP	PLENVU	SUFLAVE	PEG (GAVILYTE)	SUTAB
ENTIRE DAY BEFORE TEST Begin clear liquid diet **ONLY** – **ALL DAY (NO SOLID FOODS)**	**ENTIRE DAY BEFORE TEST** Begin clear liquid diet **ONLY** – **ALL DAY (NO SOLID FOODS)**	**ENTIRE DAY BEFORE TEST** Begin clear liquid diet **ONLY** – **ALL DAY (NO SOLID FOODS)**	**ENTIRE DAY BEFORE TEST** Begin clear liquid diet **ONLY** – **ALL DAY (NO SOLID FOODS)**	**ENTIRE DAY BEFORE TEST** Begin clear liquid diet **ONLY** – **ALL DAY (NO SOLID FOODS)**
Pour one of the 6-ounce bottles into the mixing container, then add cool water to the fill line and mix well. Refrigerate. **THE SOLUTION, once mixed, MUST BE USED WITHIN 24 HOURS.**	Mix the contents of Dose 1 pouch with at least 16 ounces of water until completely dissolved. **THE SOLUTION, once mixed, MUST BE USED WITHIN 6 HOURS.**	At **5 PM** on the day **before** your procedure: Pour contents of 1 flavor packet into 1 bottle. Fill bottle with lukewarm water to the fill line. Shake until all powder is mixed well. **Refrigerate for 1 hour.**	Add lukewarm drinking water to the top line of the container. Mix to dissolve. You may mix the solution ahead of time and refrigerate prior to drinking. **THE SOLUTION, once mixed, MUST BE USED WITHIN 24 HOURS.**	At **6:00 PM** on the day **before** your procedure: Open 1 bottle of 12 tablets. Fill the container with water up to the fill line. Swallow each tablet with a sip of water every 2 minutes. Drink the entire amount of water. **1 hour AFTER** the last tablet is ingested, fill the container with water. Drink the entire amount within 30 minutes. Wait 30 minutes - then drink another 16 ounces of water within 30 minutes. **IT IS IMPORTANT TO DRINK ADDITIONAL LIQUIDS AS ADVISED.**
At **6:00 PM** on the day **before** your procedure: Drink all the solution in the container. Follow this with 32 ounces of water over the next hour. Repeat steps for mixing 2nd dose. Refrigerate.	At **6:00 PM** on the day **before** your procedure: Drink all the solution slowly but finish the dose within 30 minutes. Follow this with 16 ounces of clear liquids over the next 30 minutes. **Drink slowly.**	At **6:00 PM** on the day **before** your procedure: Drink **8 ounces** of solution every **15 minutes** until bottle is empty. Drink as much clear liquids as you can before, during and after taking the prep.	At **6:00 PM** on the day **before** your procedure: Every 15-20 minutes drink 8 ounces of the solution until ½ of the container is complete. Drink 16 ounces of clear liquids after taking prep solution.	
DAY OF TEST AT _____ **(6 hours prior to test if scheduled before noon – take 2nd dose at 7AM if scheduled after noon)** Drink all the solution in the container. Follow this with 32 ounces of water over the next hour.	**DAY OF TEST AT _____** **(6 hours prior to test if scheduled before noon – take 2nd dose at 7AM if scheduled after noon)** Mix the contents of Dose 2 (pouch A & B) with 16 ounces of water until completely dissolved. Drink all the solution slowly within 30 minutes. Follow this with 16 ounces of clear liquids within 30 minutes. **Drink slowly.**	**DAY OF TEST AT _____** **(6 hours prior to test if scheduled before noon – take 2nd dose at 7AM if scheduled after noon)** **1 hour prior** – Follow same mixing instructions above and refrigerate for **1 hour**. Drink **8 ounces** every **15 minutes** until bottle is empty. Drink as much clear liquids as you can before, during and after taking the prep.	**DAY OF TEST AT _____** **(6 hours prior to test if scheduled before noon – take 2nd dose at 7AM if scheduled after noon)** Drink the remainder of the container **(8 ounces every 15 minutes)**. Drink 16 ounces of clear liquids after taking prep solution.	**DAY OF TEST AT _____** **(6 hours prior to test if scheduled before noon – take 2nd dose at 7AM if scheduled after noon)** Open next bottle of tablets. Repeat the same steps above, same as before with the 1st dose. **IT IS IMPORTANT TO DRINK ADDITIONAL LIQUIDS AS ADVISED.**
Do NOT drink anything after _____ on the day of your test, until after procedure is completed. (Nothing by mouth 4 hours BEFORE your procedure)	**Do NOT drink anything after _____ on the day of your test, until after procedure is completed. (Nothing by mouth 4 hours BEFORE your procedure)**	**Do NOT drink anything after _____ on the day of your test, until after procedure is completed. (Nothing by mouth 4 hours BEFORE your procedure)**	**Do NOT drink anything after _____ on the day of your test, until after procedure is completed. (Nothing by mouth 4 hours BEFORE your procedure)**	**Do NOT drink anything after _____ on the day of your test, until after procedure is completed. (Nothing by mouth 4 hours BEFORE your procedure)**