

**GASTROINTESTINAL ASSOCIATES OF LONG ISLAND**

Practice Limited to Gastrointestinal, Liver, and Pancreatic Disorders



Winthrop Medical Associates

1991 Marcus Ave., Suite 101, Lake Success, NY 11042

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Phone: 516-365-5509 . Fax: 516-365-0548

Patient Name: \_\_\_\_\_

**PREPARATION FOR COLONOSCOPY**

**APPOINTMENT INFORMATION:**

1. Your procedure is scheduled for: \_\_\_\_\_
2. The location of your procedure is: \_\_\_\_\_
3. Please arrive: \_\_\_\_\_

**TESTING INFORMATION:**

1. Please review attached order regarding **MEDICATION INSTUCTIONS**.
2. If you are taking Iron preparations or vitamins containing iron, please discontinue taking these preparations **seven (7)** days prior to the procedure
3. If you have diabetes, please consult your family physician regarding diabetic medication instructions.
4. It is recommended for women of childbearing age to have a pregnancy test done two days prior to the procedure. This may be done at out office, or at a lab of your choice.
5. Please do not wear any jewelry to the office on the day of your test.
6. You will receive a telephone call from the Endoscopy Unit the day before your procedure to confirm your appointment.

**TESTING REQUIREMENT:**

Because you will receive sedation, **someone must be with you to drive you home after the procedure**. No patient will be permitted to take a cab or drive himself or herself home. **There are no exceptions to this rule.** After the procedure do not drive, operate heavy machinery or return to work for the entire day.

**INSURANCE INFORMATION:**

1. You must bring all pertinent insurance information with you, especially your insurance cards. **ALL CO-PAYMENTS and DEDUCTIBLES will be collected on the date of service.**
2. This procedure is considered surgery. We will check with your insurance company to see if you need prior approval to receive payment. You will be responsible for your co-payment/co-insurance. You may be asked to obtain a referral from your primary care physician prior to your procedure. It is necessary for you to cooperate with our office and obtain the referral in a timely manner. Failure to obtain the referral will result in cancellation of the procedure.
3. Anesthesia will be administered. Your medical insurance may not cover your anesthesia bill in full. Prior to your procedure date, please check with your insurance carrier regarding the anesthesia benefits covered under your policy including any cost sharing requirements.

**If your procedure is scheduled in our office**, we will bill your insurance carrier for anesthesia services. You will be responsible for any deductible, coinsurance, copay, and/or any service not covered by your medical insurance policy. If you have any questions regarding your office anesthesia bill, please call our billing department at (516)365-3394.

**If your procedure is scheduled in the hospital**, we recommend once you receive the date and time of your procedure that you call the anesthesiology department at the hospital and ask them to assign an anesthesiologist to your case who is contracted with your insurance plan.

**New York Cardiovascular Anesthesiologists at St. Francis Hospital: (516)627-6624**

**Nassau Anesthesia Associates at Winthrop University Hospital: (516)741-0570**

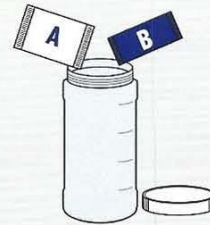
# Patient Instructions—Split-Dose Regimen

The MoviPrep carton contains 4 pouches and a disposable container for mixing. You must complete the entire prep to ensure the most effective cleansing.

## The evening before your colonoscopy, beginning at 5:00 PM:

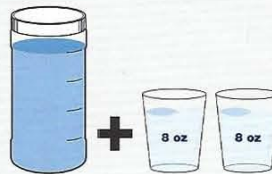
### STEP 1 MIX FIRST DOSE

- Empty 1 Pouch A and 1 Pouch B into the disposable container
  - Add lukewarm drinking water to the top line of the container. Mix to dissolve
- If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.



### STEP 2 DRINK FIRST DOSE

- The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed
- Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep



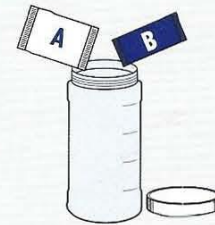
**Clear liquids include water, ginger ale, apple juice, Gatorade<sup>®</sup>, lemonade, and broth. No red or purple liquids**

**Ask your doctor if you have any questions about whether a particular drink is acceptable.**

## The morning of the colonoscopy, beginning 5 hours prior to procedure:

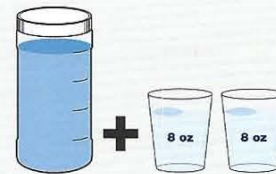
### STEP 3 MIX SECOND DOSE

- Empty 1 Pouch A and 1 Pouch B into the disposable container
  - Add lukewarm drinking water to the top line of the container. Mix to dissolve
- If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.



### STEP 4 DRINK SECOND DOSE

- The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed
- Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep



A colonoscopy prep causes the body to lose a significant amount of fluid and can result in sickness due to dehydration. It's important that you prepare your body by drinking extra clear liquids before the prep. Stay hydrated by drinking all required clear liquids during the prep. Replenish your system by drinking clear liquids after returning home from your colonoscopy.

If you have any questions, please call our office at (516)365-4949.

\*Gatorade is a registered trademark of Stokely-Van Camp, Inc., Chicago, IL

**Salix** Web site: [www.salix.com](http://www.salix.com) 1700 Perimeter Park Drive, Morrisville, NC 27560 Tel • 866.669.SLXP (7597)  
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**MoviPrep**  
(PEG-3350, Sodium Sulfate, Sodium Chloride, Potassium Chloride,  
Sodium Ascorbate and Ascorbic Acid for Oral Solution)

Rx only

**Low-Volume Prep.  
High-Volume Efficacy.**