

## GASTROINTESTINAL ASSOCIATES OF LONG ISLAND

Practice Limited to Gastrointestinal, Liver, and Pancreatic Disorders



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

70 Glen Street, Suite 106, Glen Cove, NY 11542

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**

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**MIRALAX PREPARATION FOR COLONOSCOPY**

1. Go to your pharmacy and purchase a **238g** bottle of **MIRALAX** (**over the counter**) or (Generic Glycolax). At the same time, purchase **4 DULCOLAX** tablets.
2. The day before the procedure from the time you wake up, you are on a clear liquid diet. You may have a clear liquid breakfast. Clear liquids include coffee or tea (no milk or cream), clear juices (apple, or white grape) no red or purple juices, jello (no red or purple), or clear broth or bouillon.
3. After clear liquid breakfast at 10 a.m., take **4 DULCOLAX** tablets with water or clear juice.
4. ***AT NOON ON THE DAY BEFORE THE PROCEDURE PREPARE THE MIRALAX SOLUTION.***  
  
Empty the **238g** bottle of **MIRALAX** into any 2 liters of clear liquid (apple juice, white grape juice, Gatorade, lemon-lime). Shake the bottle to ensure that the powder is dissolved. **MIRALAX** will not change the flavor of your liquid. You may refrigerate the solution.
5. You may have a clear liquid lunch and clear liquid dinner.
6. Between 4:00 p.m. and 5:00 p.m. begin drinking the solution at the rate of 8 ounces every 15-20 minutes until the bottle is empty. It will take approximately 3 hours to finish the solution.
7. **DO NOT DRINK ANYTHING AFTER MIDNIGHT.**
8. You may take all of your non-blood thinning medications with a sip of water on the morning of your procedure. **DO NOT CHEW GUM ON THE DAY OF YOUR PROCEDURE.**