Procedure Date _____

Arrival time _____ Procedure time _____
(ARRIVE ONE HOUR PRIOR TO PROCEDURE TIME)

- **PICK UP YOUR PREP KIT AT YOUR PHARMACY NOW** and keep it in your cabinet at home until needed
- **PURCHASE the 10oz bottle of MAGNESIUM CITRATE.**
- If you have problems while prepping please call our office number (315) 234-6677.

Please report to:
COMMUNITY MEMORIAL HOSPITAL
HAMILTON, NY
*****Enter at door 13 - see map in packet**

Community Memorial

2 DAY COLONOSCOPY PREP INSTRUCTIONS

Your doctor has ordered this test to screen for colon cancer including finding and removing potentially harmful polyps. You will need to follow the instructions included to be properly prepped/clean for your procedure or the procedure will need to be rescheduled and a $150 cancellation fee will be charged to you. This is an important screening tool, we understand the prep can be difficult for some, but we ask that you follow these instructions so we can provide you with the best care we can in a timely manner.

Can you see the pot holes in the above picture? This is the equivalent of your doctor trying to see polyps during your colonoscopy if your prep is not done correctly.

This is a clear road that allows for easily seeing the pot holes in the road. This is the difference of a prep done completely and following our instructions and a poor prep. This picture would allow your doctor to do a more thorough exam because they best view the colon.

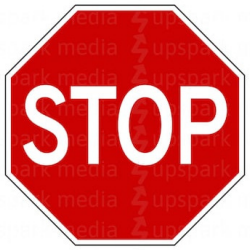
Diabetic **ON INSULIN**	MRSA	VRE	**C-DIFF test ordered**	Pacer/Defib: copy card - cardio's name	Blood thinners: Prescribing dr	Clotting disorder	Translator needed	Oxygen - how many liters?	Malignant hyperthermia	On Dialysis	Had COVID in the last month	**Patient has meds to hold**

Staff: Circle for yes. Cross off for no.

AUGUST 2025

7 DAYS BEFORE YOUR COLONOSCOPY

- Start following the Low Fiber/Low Residue diet included in this packet.
- Make sure you have your prep from the pharmacy.
- **You will not be allowed to drive after your procedure or the remainder of the day.** Please arrange for a responsible adult to drive you home. If it is necessary for you to use a Taxi or Uber, you still MUST have a responsible adult, like a family member or friend, accompany you on the drive home.
  - If your appointment is at 2:00 or later we require that your driver stay in the waiting room during your procedure. Taxis and Ubers can NOT be used for these late day appointments.
- If you take a blood thinner (such as Coumadin, Plavix, etc..), please be sure the office is aware.
- If you have a pacemaker or defibrillator, please be sure the office is aware.
- If you have had **COVID** within the **month prior to your procedure** please call the office.
- **Please call the office if you have had any new symptoms, diagnoses, medications, surgeries, or hospitalizations since we last spoke with you.**



DO NOT TAKE ANY OF THE FOLLOWING 7 DAYS PRIOR:

Phentermine (Adipex-P, Suprenza), Phentermine/Topiramate (Qsymia), Orlistat (Xenical, Alli), Lorcaserin (Belviq), Diethylpropion, Methamphetamine (Desoxyn), Liraglutide (Saxenda), Benzphetamine (Didrex, Regimex), Phendimetrazine (Bontril PDM), Carafate.

Also stop any Iron, Multivitamins, Herbal meds, Fish oil, and Vitamins A&E.

If you are a diabetic patient, please call the doctor that manages your diabetes and let them know you will be prepping for a colonoscopy.

Advise them of the medication changes you need to make and work with your doctor on how to manage your blood sugar during your prep time.

DIABETIC AND WEIGHT LOSS MEDICATIONS

The following medications MUST BE STOPPED as instructed below

GLP-1 MEDICATIONS

- **If you are taking a GLP-1 medication on a DAILY BASIS you will need to skip your dose the day of the procedure.**
- **If you are taking a GLP-1 medication on a WEEKLY BASIS you will need to skip your dose the week before your procedure.**

Trulicity (Dulaglutide)
Bydureon BCise or Byetta (Exenatide)
Ozempic, Wegovy or Rybelsus (Semaglutide)
Saxenda or Victoza (Liraglutide)
Adlyxin or Lyxumia (Lixisenatide)
Mounjaro or Zepbound (Tirzepatide)
Soliqua (Insulin glargine/Lixisenatide)
Beinaglutide
PEG-loxenatide

SGLT2 MEDICATIONS

- **Hold these medications for 3 days**

Jardiance (Empagliflozin)
Brenzavvy (Bexagliflozin)
Invokana (Canagliflozin)
Farxiga or Xigduo (Dapagliflozin)
Inpefa (Sotagliflozin)
Suglat (Ipragliflozin)
Invokamet (Canagliflozin plus Metformin HCl)
Synjardy (Empagliflozin plus Metformin HCl)
Qtern (Dapagliflozin and Saxagliptin)

Steglatro (Ertugliflozin) • **Hold this medication for 4 days**

2 DAYS BEFORE YOUR PROCEDURE STARTING WHEN YOU WAKE UP:

- Do not take any Viagra (Sildenafil), Cialis (Tadalafil), or any erectile dysfunction medications.
- Do not take any ADHD medications.
- Do not take Adderall (Dextroamphetamine and Amphetamine) or Vyvanse (Lisdexamfetamine).
- Do not use any type of marijuana or recreational drugs.
- **CLEAR LIQUIDS ONLY FOR TWO DAYS PRIOR TO YOUR PROCEDURE. NO SOLID FOODS.**
- **AT 5:00PM, TWO (2) DAYS PRIOR TO YOUR PROCEDURE:** Take one 10oz bottle of magnesium citrate.
- Continue to drink extra amounts of CLEAR liquids to help you feel full, to keep hydrated and help flush your system.

THE DAY BEFORE YOUR COLONOSCOPY CONTINUE:

- **CONTINUE CLEAR LIQUIDS ONLY THE ENTIRE DAY. NO SOLID FOODS.** Drink extra amounts of CLEAR liquids today to help you feel full, to keep hydrated and help flush your system.
- Additional instructions on the next page for your bowel prep.

CLEAR LIQUIDS INCLUDE:
Gelatin (NO pudding) (NO red or purple)
Water
Tea with no cream
Broths such as chicken or beef (until 8 hrs prior)
White grape or white cranberry juice
Soda - no colas or dark soda
Gatorade or Kool Aid (NO red or purple)
Popsicles (NO red or purple)
One cup of black coffee is ok in the morning (*the DAY BEFORE your procedure ONLY*)
Clear, orange, yellow, green and blue colors are okay.

WHAT YOU CAN NOT EAT/DRINK
Milk or milk products
Anything with Red or Purple dyes or colors
Any form of alcohol
Protein shakes

SUGGESTIONS WHILE PREPPING

- Mix your prep earlier in the day & refrigerate until prep time
- Do not sip your prep.
- Drink each glass as rapidly as possible with a straw toward the back of your mouth.
- If you become sick to your stomach while drinking your prep, STOP until the nausea passes. Then resume at the rate specified
- You may use topical ointments or flushable wipes to help prevent skin irritation.

*If you have **problems** while prepping please call our office to speak with our on call service, they will have someone call you. Our office phone number is (315) 234-6677.*

PREP INSTRUCTIONS

YOU MUST FOLLOW OUR INSTRUCTIONS... NOT THE PHARMACY'S

2:00pm THE DAY BEFORE YOUR PROCEDURE:

MIRALAX PREPS ONLY! Take 4 Dulcolax (bisacodyl) tablets (over the counter medication) Do not crush or chew.

5:00pm THE NIGHT BEFORE YOUR PROCEDURE:

****Find your specific prep instructions below (only ONE of these will apply to you).**

CLENPIQ:
Drink one 5.4oz bottle of CLENPIQ. Over the next two hours drink at least five (5) eight ounce glasses of clear liquids. More fluids will help the prep work better.

GoLYTELY, Gavilyte, NuLYTELY, Peg 3350-electrolytes, or any 128oz Generic prep:
Add warm tap water to the top of the FILL line, add flavor packet if desired (NO RED or PURPLE). Shake well. Begin drinking the solution at the rate of 8oz every 10-15 minutes until you have consumed half of the container, or 64oz.

PLENVU:
Empty **[Dose 1 pouch]** into mixing container. Fill to the line with water and mix with a spoon until completly dissolved. Drink entire contents of the container over 30 minutes. Then drink 16 ounces of clear liquids over 30 minutes.

SUTAB (see next page)

MIRALAX PREP:
Dissolve **HALF** of the 238g bottle of Miralax in 28oz of Gatorade (NO RED or PURPLE). Drink the entire mixture within 1 hour.

SUFLAVE PREP:
Pour one flavor packet into one bottle of prep. Fill to line with lukewarm water, after capping the bottle gently shake the bottle until all powder has dissolved. Drink 8 ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water over the next hour.

SUPREP:
Pour (1) bottle into the supplied mixing cup. Add cold water to the fill line. Drink the entire cup. Using the cup provided, drink 2 full cups of water within the next hour. DO NOT ADD FLAVORING

THE MORNING OF YOUR APPOINTMENT:

- Blood pressure medications take as directed

8 HOURS BEFORE YOUR ARRIVAL TIME:

- No more BROTH!

6 HOURS BEFORE YOUR ARRIVAL TIME:

- **SUPREP, CLENPIQ, GoLYTELY, or any 128oz Generic prep:** Continue drinking at the rate specified above and finish the solution.
- **PLENVU PREP:** Empty both **[Dose 2 Pouch A *and* B]** into the mixing container. Fill to the line with water and mix with a spoon until completely dissolved. Drink entire contents of the container over 30 minutes. Then drink 16 ounces of clear liquids over 30 minutes.
- **MIRALAX & SUFLAVE PREP:** Repeat the above steps

TO PREVENT DEHYDRATION AND HEADACHE...
CONTINUE DRINKING CLEAR LIQUIDS

4 HOURS BEFORE YOUR SCHEDULED ARRIVAL:

- You should **STOP** drinking all liquids, including water.
  (you may take your medications with 1-2 sips of water up to 2 hours before your arrival time)
- **No gum chewing,** no hard candy, and no chewing tobacco.

PREP INSTRUCTIONS

FOR SUTAB

YOU MUST FOLLOW OUR INSTRUCTIONS...
***NOT** THE PHARMACY'S*

5:00pm THE NIGHT BEFORE YOUR PROCEDURE:

- Open one(1) bottle of twelve(12) pills and fill provided cup with plain water to the fill line of 16 ounces.
- Over 15 to 20 minutes, use this water to take each pill with a good sip and then finish the entire 16 ounces. Use more water if needed. Take pills and water slower if you begin to feel uncomfortable. (Take one(1) pill at a time, wait 1-2 minutes before taking next pill).
- Use the provided cup to drink at least 32 ounces of plain water over the next two(2) hours. Spread your water-drinking over this time instead of drinking it all immediately after taking the pills.
  - For example drink 16 ounces around an hour after the start of dose one(1), then another 16 ounces around an hour and a half after the start of dose one(1).
  IMPORTANT: for dose two(2), keep in mind all the water must be consumed before the fasting period, which begins four(4) hours before the arrival time.
- After dose one(1), continue the clear liquid diet for the evening in order to stay hydrated.

THE MORNING OF YOUR APPOINTMENT:

- Blood pressure medications take as directed

8 HOURS BEFORE YOUR ARRIVAL TIME:

- No more BROTH!

6 HOURS BEFORE YOUR ARRIVAL TIME:

- Start dose 2. Repeat the steps above.
- NOTE: You must consume all water at least 4 hours before your arrival time.

4 HOURS BEFORE YOUR SCHEDULED ARRIVAL:

- You should **STOP** drinking all liquids, including water. (you may take your medications with 1-2 sips of water up to 2 hours before your arrival time)
- No gum chewing, no hard candy, and no chewing tobacco.

TO PREVENT DEHYDRATION AND HEADACHE...

CONTINUE DRINKING CLEAR LIQUIDS

GOOD PREP

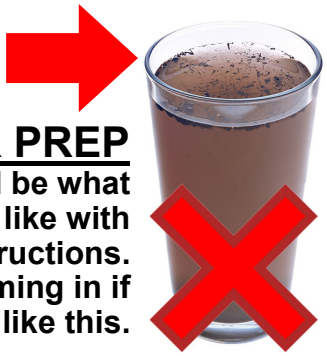
This is a similar color and similar consistency of stool for a well prepped patient

YOU MUST FOLLOW OUR INSTRUCTIONS...

***NOT** THE PHARMACY'S*

POOR PREP

This would be what your stools would look like with poorly followed prep instructions. Call our office before coming in if your stools are like this.



LOW FIBER/LOW RESIDUE DIET

The following foods are generally ALLOWED on a low-fiber diet:

- Any white pasta, rice, crackers, bread or anything made with white flour
- White rice, plain white pasta, noodles and macaroni
- Canned or cooked fruits or vegetables without skins, seeds or membranes, or juices with no pulp
- Ground beef, chicken, fish, eggs, tofu
- Creamy peanut butter
- Milk and milk products (yogurt, pudding, ice cream, cheeses and sour cream), 2 cups a day
- Butter, margarine, & oils

You should AVOID the following foods:

- Whole-wheat or whole-grain breads, cereals and pasta
- Brown or wild rice and other whole grains such as oats, kasha, barley, quinoa
- Dried fruits and prune juice
- Raw fruit
- Raw or undercooked vegetables, including corn
- Dried beans, peas and lentils
- Seeds and nuts, and foods containing them
- Coconut
- Popcorn
- Raisins

The diet includes foods that will reduce (not eliminate) the residue in the colon. This diet is smooth in texture and is mechanically and chemically nonirritating.

Keep in mind that you may have fewer bowel movements and smaller stools while you're following a low-fiber diet. To avoid constipation, dehydration, and headaches, you need to drink extra fluids.

Community Memorial

PLEASE ARRIVE ONE HOUR BEFORE YOUR PROCEDURE TIME.

NO SHOW / CANCELLATION POLICY

Patients who cancel or reschedule without ***3 business days prior notice*** or who fail to show up for their scheduled appointment may be charged a $150.00 fee. Please be aware that multiple no shows, cancels and/or reschedules may result in discharge from our practice.

BEFORE YOUR PROCEDURE

- ***YOU MUST FOLLOW OUR PREP INSTRUCTIONS,*** the instructions we gave you about eating, drinking and medications before your procedure.
- Check your benefits, eligibility and coverage with your insurance company(s), see the billing information in this packet.
- **If you have an insurance change you must let us know at least 2 weeks before your appointment. If you come to your appointment with a new insurance plan that requires referrals and/or authorizations your procedure may have to be rescheduled as it takes time to obtain those.**
- Please bring a current medication list, allergy list, picture ID and your insurance cards to your appointment.
- If you take any blood thinners and have not been instructed regarding usage prior to your procedure, please contact your physician as soon as possible.
- **Please call the office if you have had any new symptoms, diagnoses, medications, surgeries, or hospitalizations.**
- Due to limited space please only have one person accompany you.
- Please fill out the required paperwork you received and bring it with you.
- Arrive 60 minutes prior to your procedure time. Please do not arrive prior to 6:45am.
- **If your appointment is 2:00 or later, your ride must stay and wait for you while you have your procedure.**

YOUR PROCEDURE

The anticipated total time for your stay, from registration to departure is approximately 2-3 hours.

After the procedure, your recovery time will be around 30 minutes. There may be an unforeseen delay prior to your procedure.

Upon arrival, after registering, a nurse will review your medical history and the procedure with you. You will then be brought to a stretcher, where you will undress and obtain an IV line.

At any time during the process, please do not hesitate to ask any questions regarding your concerns. It is important to us that you know exactly what is involved and that you feel comfortable.

AFTER YOUR PROCEDURE

After the procedure the physician will talk to you about your procedure. If there is not anyone with you, you may not remember the conversation. Please do not hesitate to ask your nurse to speak with your physician again or you may call the office at 315-234-6677.

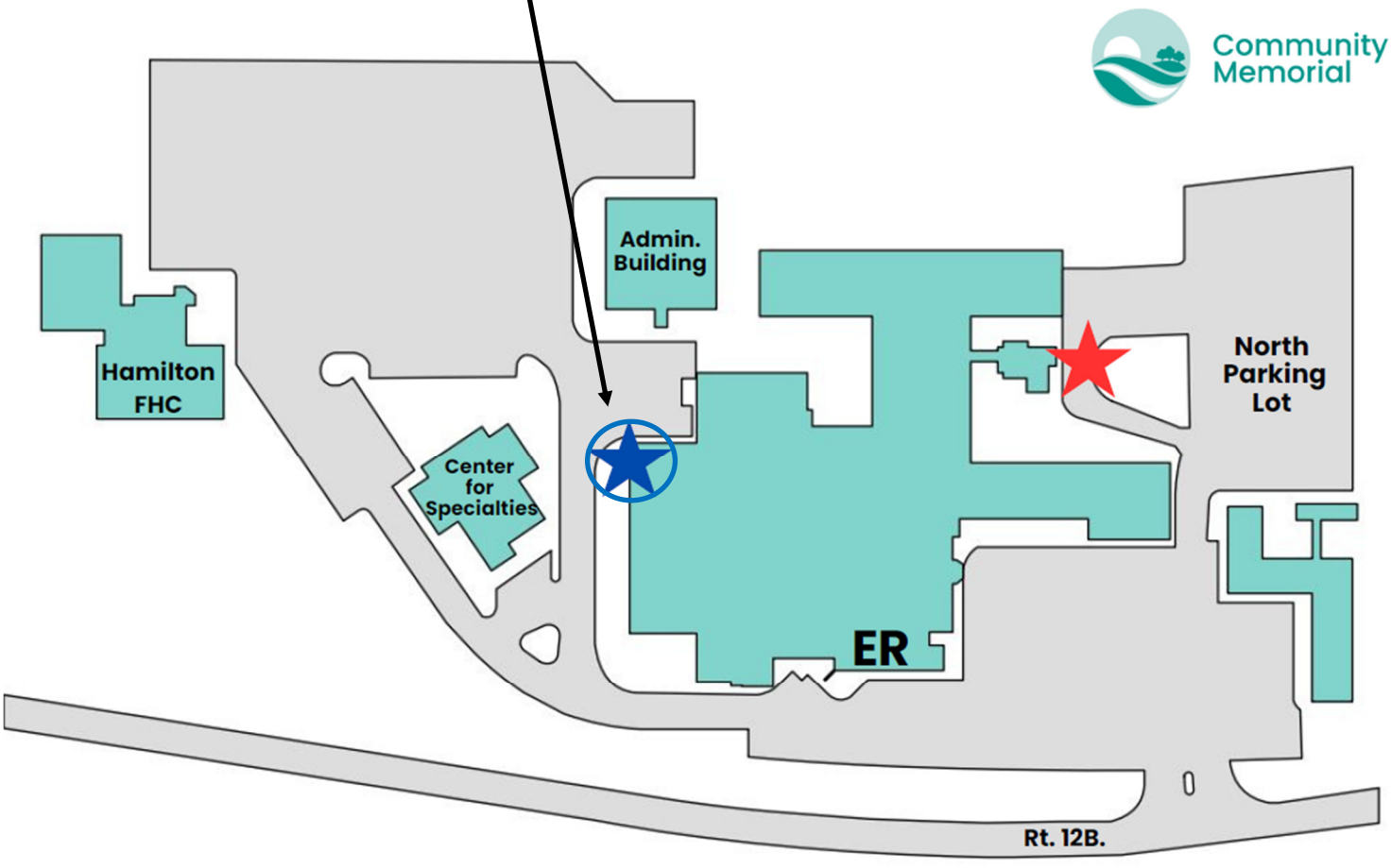
If your physician took biopsies during the procedure, most results will be available within 2-3 weeks. Many patients receive their results at their follow up appointment, some patients will receive a results letter. Register with our patient portal for quicker results and easier access to our office and your records.

You will not be allowed to drive home or for the rest of the day due to the anesthesia.
You **must** have a licensed driver to drive you home and all patients must be discharged in the company of a responsible adult.

⇒ A responsible adult is a person who is physically and mentally able to make decisions for the patient if necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care. (A taxi driver is not considered a responsible person for a patient who just received anesthesia/sedation).

⇒ **If your procedure is at 2:00 or later, your ride must stay and wait for you.**

Enter through Door 13 at the REAR of the SOUTH end of the building through the covered ramp.



All patients receiving outpatient services (radiology, laboratory and rehabilitation) and visitors will enter through our NORTH ENTRANCE.

Surgical patients will enter through Door 13 at the REAR of the SOUTH end of the building through the covered ramp.

Billing information / guide

About your upcoming endoscopy procedure at Community Memorial Hospital

COLONOSCOPY CATEGORIES

- **Diagnositic / Therapeutic Colonoscopy** - Patient has gastrointestinal symptoms, colon polyps or gastrointestinal disease requiring evaluation or treatment by colonoscopy.
- **Surveillance / High Risk Colonoscopy** - Patient has no gastrointestinal symptoms and has a personal history of gastrointestinal disease (such as diverticulitis, Crohn's disease or ulcerative colitis) a personal or family history of colon polyps and/or cancer.
- **Colonoscopy Screening** - Patient is asymptomatic (no present gastrointestinal symptoms), is 45 years old or older and has no personal hx of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

Please note that these are not the final diagnosis codes. Final diagnosis codes cannot be determined until after your procedure occurs.

COLONOSCOPY	CPT CODE 45378	DIAGNOSIS CODE(S) _____
UPPER ENDOSCOPY	CPT CODE 43235	DIAGNOSIS CODE(S) _____

Although your primary care provider may refer you for a "screening" colonoscopy, you may not qualify for the "preventative colonoscopy screening" category. Example, **if a biopsy is done or a polyp is removed, your screening colonoscopy then becomes a diagnostic colonoscopy** and your insurance may process the claim differently. We recommend checking your benefits for each scenario.

Due to increasing number of individual insurance plans and policies, we strongly encourage all patients to call their insurance company before ANY procedure, testing, and/or appointment to verify their coverage.

A list of the companies that you may receive a bill from for your procedure are on the next page.

Call the customer service number on your insurance card. Document your phone call for your records. You should check you coverage for every company listed below. We have numbered them to make it easier if you need to write down something regarding only one specific company.

Date of Call _____ Insurance company _____ Phone # _____

Representatives name _____ Tell the representative that you are calling to check coverage for your procedure which will be done at Community Memorial Hospital. All of the services are done on an "outpatient hospital setting".

Are ALL of the companies "in-network" . . ☐ No ☐ Yes, _____

Is a referral or authorization needed . . . ☐ No ☐ Yes, _____

Are there any out of pocket expenses . . . ☐ No ☐ Yes, _____

Other notes _____

Call reference number _____

For your upcoming endoscopy procedure at Community Memorial in Hamilton.

You may receive a bill from all or some of the following companies:

Community Memorial Hospital Facility Fee
150 Broad Street, Hamilton, NY 13346
TAX ID number 150548010
Billing questions call 315-824-6552
Website: https://communitymemorial.org

Syracuse Gastroenterological Associates, P.C.
5000 Campuswood Drive, East Syracuse, NY 13057
TAX ID number 160989507
Billing questions call 315-937-3000
Website: www.syracusegastro.com

Pathologist fee
(billed by Syracuse Gastroenterological Associates, PC)
The pathologists fee for interpreting any biopsies

CHAG Anesthesia
TAX ID number 161075185
NPI number 1740279017
Billing questions call MMRI at 315-362-5281

Laboratory Alliance
(bills the technical charge for any pathology or cytology)
Corporate offices: 1304 Buckley Road, Syracuse, NY 13212
Billing questions call 315-883-4882
Website: https://www.laboratoryalliance.com/patient-services/insurers/

Hospitals we are affiliated with:

Crouse Hospital
736 Irving Ave
Syracuse, NY 13210
Billing office 315-470-7331

Community Memorial Hospital
150 Broad Street
Hamilton, NY 13346
Billing office 315-824-6552

Community Memorial

Please report to:

COMMUNITY MEMORIAL

150 BROAD STREET

HAMILTON, NY 13346

**Enter through Door 13 at the REAR of the SOUTH end of the building through the covered ramp. (see the map in this packet)

https://www.communitymemorial.org/

From Route 20 Eastbound:
Make a slight RIGHT onto NY-46, 3 miles east of Morrisville
NY-46 becomes NY-12B
Follow 12B through Hamilton
Community Memorial Hospital is on the right side of the road

From Route 20 Westbound:
US-20 becomes US-20 W/NY-12B S/NY-26 S
Turn LEFT onto NY-26 just west of Madison.
Turn LEFT onto NY-46
NY-46 becomes NY-12B
Follow 12B through Hamilton
Community Memorial Hospital is on the right side of the road

Regardless of what your health insurance plan covers, Syracuse Gastroenterological Associates, PC, supports the American Cancer Society, AGA, ACG, and CDC Colon Cancer guidelines which recommend a screening colonoscopy for all patients 45 years or older regardless of symptoms. Please speak with your healthcare provider with any questions.

SYRACUSE GASTROENTEROLOGICAL ASSOCIATES, P.C.

NO SHOW / CANCELLATION POLICY FOR ENDOSCOPY PROCEDURES

Once you have a date and a time for your endoscopic procedure, a spot has been secured in our surgical facility in your name for your procedure. Patients who cancel or reschedule without
3 business days prior notice
or who fail to show up for their scheduled appointment may be charged a $150.00 fee.

We understand that circumstances beyond your control may arise, causing you to miss your appointment. Exceptions will be made in the event of inclement weather or real emergencies.

Please be considerate of other patients by calling our office as soon as possible if you can not keep your appointment.
Your cooperation is greatly appreciated.

PLEASE BRING COMPLETED PAPERWORK TO YOUR PROCEDURE APPOINTMENT

First and last name: _____ Date of Birth: _____

Name of physician(s) you want report sent to: _____

Circle one: Male Female, are you pregnant? No Yes Procedure you are here for? _____

How tall are you: _____ How much do you weigh: _____

Do you have someone with you in our waiting area? No Yes, person's name: _____

Do you want that person present when the doctor speaks to you after the procedure? No Yes

Is your driver the person in the waiting area? ..... No Yes

Does your driver need to be called? No Yes, Driver's name: _____ phone#: _____

Do you have a Health Care Proxy? ..... No Yes

Do you have a Living Will? ..... No Yes

Do you have a Do Not Resuscitate (DNR) order? ..... No Yes

**If *you have a Health Care Proxy, Living Will, or DNR, please bring copies to your procedure appointment*

Please circle which items you brought today: Dentures Glasses Hearing Aids Cane Walker Wheel Chair

Please circle which of these medications you take on a regular basis: Coumadin Heparin Plavix Aspirin Ibuprofen

When did you stop taking it /them? _____

What medications did you take today: _____ ☐ No meds taken today

Medication Allergy ☐ No ☐ Yes *Latex allergy* ☐ No ☐ Yes
Iodine/Dye Allergy ☐ No ☐ Yes *Food Allergy* ☐ No ☐ Yes

Please list allergies to medication or food

1._____ list the reaction(s): _____
2._____ list the reaction(s): _____
3._____ list the reaction(s): _____

Other allergy notes: _____

PLEASE BRING A LIST OF YOUR MEDICATIONS WITH YOU

PLEASE FILL OUT THE DAY OF YOUR PROCEDURE
BRING COMPLETED PAPERWORK TO YOUR APPOINTMENT

Please circle if you have any of these diseases: MRSA VRE ESBL C-DIFF HEPATITIS TB SHINGLES OTHER_____

Do you smoke/use tobacco? ..... No Yes

If yes, are you interested in stopping? ..... No Yes

Syracuse Gastroenterological Associates, PC and Syracuse Endoscopy Associates, LLC encourage all patients to stop using tobacco. There are many resources available to help you stop using tobacco (e.g., referral to counseling, http://www.smokefree.gov, 1-800-QUIT-NOW, pharmacotherapy). Please ask at any time for help or more information.

Do you drink alcohol? ..... No Yes

Have you received a flu shot? ..... No Yes, date _____

Do you take recreational drugs? ..... No Yes

Have you had problems with anesthesia or sedation? ..... No Yes

Have you been diagnosed with sleep apnea by a doctor? ..... No Yes

If yes, do you use a CPAP machine? ..... No Yes

Do you have difficulty opening your mouth? ..... No Yes

Do you have any loose teeth or dental abnormalities? ..... No Yes

Do you have difficulty flexing or extending you neck? ..... No Yes

Are you receiving Dialysis? ..... No Yes

Have you had a mastectomy and/or lymph node dissection? No Yes, circle: Right Left

Do you have internal implants? (circle one) replacement joints heart valves pacemaker/defib none

Please list implant if other than above: _____

Are you a Diabetic? No Yes, date & time of last finger stick reading? time:_____ reading:_____

If you are a diabetic are you felling lightheaded or dizzy now? ..... No Yes

PREP:

When did you drink liquid last? _____

When did you eat solid food last? _____

THE QUESTIONS BELOW ARE FOR COLONOSCOPY AND SIGMOIDOSCOPY PATIENTS ONLY:

If you are having a colonoscopy, was colon cleansing medication taken as directed? ..... No Yes

Prep Name _____

Prep Results ___Clear ___Yellow ___Brown ___ Other, _____
___Watery ___ Thick liquid ___ Solid ___ Other, _____