



Gastroenterology Specialists

Diplomate, American Board Internal Medicine and Gastroenterology

Steven A. Meckstroth, M.D.
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Instructions to Prepare for Colonoscopy (Miralax/Gatorade/Dulcolax)

Patient Name: _____

Date: _____ Arrive by: _____ for procedure at: _____

Facility: Premier Endoscopy Center PRMC NCH
 Pine Ridge North Collier
 Collier Blvd Downtown

PURCHASE

1. One box of Dulcolax Tablets
2. One 64 oz. bottle of Gatorade or Powerade (clear)
3. One 238 gm bottle of Miralax
4. Fleet enema

PREPARATION DATE: _____

1. The day before the procedure you are to have **CLEAR LIQUIDS ALL DAY, NO SOLID FOOD.**
2. **Clear Liquids:** Water, Apple Juice, Gatorade, Coffee, Tea, Beef Broth, Chicken Broth, Vegetable Broth, Jell-O, Carbonated drinks, Popsicles. NO RED COLORED, NO CITRUS, AND NO DAIRY.
3. Begin your prep at 3:00pm by taking two (2) Dulcolax tablets by mouth.
4. At 5:00pm pour out a small amount of the Gatorade and pour the whole amount of Miralax into the Gatorade bottle. Begin drinking 8 oz. glass of the mixture every 15-45 minutes until you have completed the 64 oz bottle of Gatorade. It should take approximately 1 ½ to 2 hours.
5. At 9:00pm take two more Dulcolax tablets by mouth.
6. It is important that you drink clear liquids all day to avoid dehydration.
7. You may drink clear liquids until you go to bed or until midnight.

******NOTHING TO DRINK AFTER MIDNIGHT******

EXAMINATION DAY

1. Take your morning dose of heart and blood pressure pills with a few sips of water.
2. Two hours before your exam do your Fleet enema.

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME, AS YOU WILL BE SEDATED.



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MEDICATION INSTRUCTIONS

- If you are a diabetic on insulin, take ½ your regular daily dose the day before your procedure, when you are on clear liquids. Do not take your insulin the morning of your procedure. Take ½ your regular dose after the procedure when you have your first meal. Please call us if you have any questions.
- If you are taking Coumadin or Heparin, please consult with the physician before discontinuing the medication.
- Aggrenox, Persantine, and Dipyridamone should be discontinued 24 hours before procedure.
- Do not stop Prednisone or other cortisone type medication.
- Please discontinue any medication that contains aspirin or aspirin-like products five (5) days prior to your procedure (see list below). Stop these products by.

Examples of Medication Containing Aspirin

Advil	Ecotrin	Oxaprozin
Aleve	Excedrin	Percodan
Anaprox	Feldene	Plavix
Arthritis pain formula	Ibuprofen	Relafen
Arthotec	Indocin	Salicylates
Aspergum	Lodine	Ticlid
Bayer	Motrin	Torodol
Bextra	Midol	Vioxx
Celebrex	Mobic	Voltaren
Daypro	Naprosyn	

Tylenol (acetaminophen) is safe to take.

Please give us a call if you have any questions regarding your medications.



BILLING INFORMATION YOU SHOULD KNOW

When you have a **Colonoscopy or an Upper Endoscopy (EGD)** at any out patient facility you could receive up to 4 bills.

1. Physician's Charge
2. Facility Charge
3. The Anesthesiologist's Charge
4. The Pathology lab charge

Our office only handles Dr. Meckstroth and Dr. Bustamante's bills. If you have any billing questions or concerns, contact our billing department at (239)593-6201.

Please contact the facility regarding the other charges involved with your procedure.

Premier Endoscopy (239) 449-4945

Signature Anesthesia (239) 278-9955

****Please check with the facility & Anesthesia to be certain that they are participating with your health insurance.**

IF YOUR INSURANCE IS OTHER THAN MEDICARE OR MEDICAID, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR CARRIER OF YOUR PROCEDURE.



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Premier Endoscopy Center

1656 Medical Blvd - Suite 201 - Naples, FL 34110
239-449-4945

Welcome to Premier Endoscopy. We hope to make this a positive experience for you.

To insure that this occurs we are asking you to follow the following guidelines:

- 1. Follow the orders from your physician concerning your preparation for the procedure.**
- 2. It is important to have someone to take you home to insure your safety after having an anesthetic. A taxi will not be permitted.**
- 3. All jewelry is to be left at home. We cannot be responsible for your valuables.**
- 4. We do not always have your medication list available to us. Please have an updated list of current medications, dosages, and medication schedule. We also need your allergies.**

We at Premier Endoscopy will do everything possible to see that your designated time for your procedure is kept. Unfortunately, emergencies do occur which can lead to your procedure being delayed.

We look forward to providing excellent care during your visit.



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PREMIER ENDOSCOPY CENTER

PLEASE LIST ALL ALLERGIES AND THEIR REACTIONS

PLEASE LIST MEDICATIONS TAKEN
(INCLUDES HERBALS, OVER THE COUNTER MEDS AND HOME REMEDIES)

Name of Med	Dose	Route	Frequency

MEDICATIONS ORDERED AFTER YOUR PROCEDURE

Name of Med	Purpose	Dose	Schedule	Possible Side Effects

Reviewed with: Patient care person Pharmacy used _____

Copied to:

Patient Attending Physician Other: _____

Date reviewed: _____ 20 ____ by: _____

**PATIENT MEDICATION
INVENTORY**

PATIENT LABEL



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NAPLES, FLORIDA 34110
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Please report to the second floor

