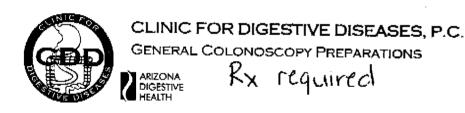
CLINIC FOR DIGESTIVE DISEASES, P.C. MIRALAX/GATORADE COLONOSCOPY PREPARATIONS NO RX required ARIZONA DIGESTIVE HEALTH

LAWRENCE A. BETTINGER, MD
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CHIRAG TRIVEDI, DO
MALVINDERJIT SINGH, MD

Name:	Procedure Date:	Time:
You are scheduled at the following facility. Please contact facility fee for which you are scheduled (this is separate from		
will be a third fee from the pathology company used.	Toy ID #	20 1510260
Sun City AZ Endoscopy Center ASC, LI		20-1519369
Banner Boswell Medical Center		90-0389314
Banner Del Webb Medical Conter		90-0389312 27-0036484
! Banner Thunderbird Medical Center	Tax ID#	27-0030484
Any copays or deductibles must be paid to the f	acility the day of the proce	dure or you will be rescheduled.
You MUST have a DRIVER TO REMAIN IN FACILITY day, so you should not have plans after your procedure. If yo POSSIBLE.	Y and take you home. You will nou are unable to keep your appoint	ot be able to drive the remainder of the ment, please let us know AS SOON AS
DO NOT TAKE the following medications for Aspirin, Aspirin containing medications, Ibuprofen, Naprosyn, Orudis, Salsalate, Voltaren, Iron Suppler	, Motrin, Advil, Ansaid, Aleve, D.	aypro, Clinoril, Feldene, Nuprin,
STOP Coumadin, Plavix, Persantine, Aggrenox, or	blood thinners days before	уонт procedure.
Do NOT stop any other medications other than list	ed above.	
MIRALAX/GATORADE: Several days prior to the proc 1. Miralax 238gram bottle (this is over-the-counted) 2. Dulcolax Laxative tablets – you will need four 3. Gatorade – 64oz (DO NOT USE RED OR OF Please ask the pharmacist for any questions/cond	er) 5mg tablets (this is over-the-coun RANGE). cerns you may have.	ter)
DAY BEFORE PROCEDURE	DATE:	
No solid food, only clear liquids. You must drink at I from becoming dehydrated.	east one gallon of clear liquids thr	oughout the day. This will prevent you
 At 3:00pm, take 4 Dulcolax tablets with a glass of At 5:00pm, mix all of the Miralax with the 64oz be Miralax is dissolved. Drink an 8oz glass every 10-earlier in the day and chill in the refrigerator. Continue to drink clear liquids until bedtime for prodrink up until 6 hours before your procedure. 	pottle of Gatorade in a closed pite -15 minutes until the solution is	gone. You may prepare this solution
Clear liquids include: Bouillon or broth; apple, white grape, tea; soda; Kool Aid; Gatorade; Crystal Light; and water. Do		
If you get nauseated, stop for 45 minutes then resume.		
Please call the office if you cannot complete the prep. Your	procedure may need to be resched	uled.
THE DAY OF THE PROCEDURE	DATE:	
DO NOT take the morning dose of Insulin or Diabetes media		
NOTHING to eat or drink until after the procedure. Excepti-	- "	

medication that you normally take in the morning with a SIP of water.



LAWRENCE A. BETTINGER, MD D PARAG CHOKSHI, MD D DARYL HÜTCHINSON, MD D RAMKRISHNA KOTHUR, MD D JAGDISH PATEL, MD D CHIRAG TRIVEDI, DO D MALVINDERJIT SINGH, MD D

Name:	Procedure Date:	Time:
You are scheduled at the following facility. Please contact co-payments for the facility fee for which you are scheduled have biopsies taken during your procedure there will be a the facility for the facility fee.	<i>i (this is separate from th</i> aird fee from the patholog	e doctor's fee). If you work to company used.
Sun City AZ Endoscopy Center ASC, L		
Banner Boswell Medical Center	Tax ID # 90-03893	
Banner Del Webb Medical Center	Tax ID # 90-03893	
Banner Thunderbird Medical Center	Tax ID # 27-00364	84
Any copays or deductibles must be paid to the facility th	e day of the procedure o	r you will be rescheduled
You MUST have a DRIVER TO REMAIN IN FACILITY remainder of the day, so you should not have plans after your proplease let us know AS SOON AS POSSIBLE.	and take you house. You cedure. If you are unable to	will not be able to drive the keep your appointment.
DO NOT TAKE the following medications for dathe doctor: Aspirin, Aspirin containing medications, Ibup Feldene, Nuprin, Naprosyn, Orudis, Salsalate, Voltaren, J	rofen, Motrin, Advil, Ansai	d. Aleve, Davaro, Clinoril
STOP Coumadin, Plavix, Persantine, Aggrenox, or blood		
Do NOT stop any other medications other than listed abo		, p. 0000000
TWO EVENINGS BEFORE YOUR PROCEDURE	Date:	
Take Two (2) Dulcolax Tablets OR Two (2) Tables	spoons of Milk of Magnesia	(Doctor will specify.)
DAY BEFORE PROCEDURE	Date:	
No solid food, only clear liquids. You must drink at least one gal you from becoming dehydrated. The bowel prep solution does no	lon of clear liquids through	out the day. This will preved
Clear liquids include: Bouillon or broth: apple, white grape, or wl black coffee; tea; soda; Kool Aid; Gatorade; Crystal Light; and w liquids or JELL-O.	hite cranberry juice: IELL.); noncicles: hard condu-
BOWEL PREP SOLUTION: Mix bowel prep solution in the mor Refrigerate the bottle to improve the taste. Do NOT add ice. Start solution every 15 to 20 minutes until the ENTIRE gallon is consu than to sip it. You may drink other clear liquids after each glass in continue to drink clear liquids up until midnight.	t drinking the solution are	und 2:00pm. Drink 8 oz. of
If you get nauseated, slow the drinking of the solution down to a g You MUST drink the ENTIRE GALLON of solution.	glass every 20 to 30 minutes	until the solution is GONE.
Please call the office if you cannot complete the prep. Your proce	dure may need to be resched	duled.
THE DAY OF THE PROCEDURE	Date:	
DO NOT take the morning dose of Insulin or Diabetes medication	on the day of the procedure	
NOTHING to eat or drink until after the procedure. Exception: ye seizure medication that you normally take in the morning with a	on way taka sane bland	essure, heart, and/or