**Patient Name:** ______________________________

**Appointment Date:** ___________________________

**Physician:** ________________________________

**Check-in Time:** _______________________________

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### 5 - 10 Days Prior

**Escort:**
Arrange for an adult to accompany (drive) you to and from your procedure. Plan on 2-4 hours in the Gastroenterology Department. For your safety, your procedure will be cancelled and rescheduled if your escort does not check in with you in the GI procedure area.

**Cancellation:**
Today will be your final opportunity to cancel your appointment or you may be charged a NO SHOW FEE of $300.00.

**Diabetic patients:** If you are diabetic contact your endocrinologist or primary care physician for specific instructions.

**Financial responsibility:**
Check with your insurance carrier in advance for needed pre-approvals for outpatient appointments or procedures.

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### 4 Days Prior

**Escort:**
Please make sure you have an escort who will accompany you to and from your procedure.

**Medications:**
Prepare a complete list of all medications you take. Remember to include aspirin, vitamins, cold/ hay fever remedies and herbal products. Bring this list to your procedure.

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### 3 Days Prior

**Diet:**
You may eat your normal diet today.

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### 2 Days Prior

**Morning Diet:**
You may eat your normal diet.

**Afternoon Diet:**
You may eat your normal diet.

**Evening Diet:**
You may eat your normal diet.

**Midnight:**
You may drink clear liquids up to six (6) before your procedure.

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### 1 Day Prior

**Early morning:**
Take your usual prescribed medications with a few sips of water, including blood pressure medicines. See special instructions for diabetic medications, Coumadin or Plavix.

**6 hours before your procedure:**
Please stop drinking and do not take anything by mouth except necessary medications with a sip of water. Do not have anything by mouth after: __________ am.

**Be sure to bring:**
- Driver/escort
- Medication list
- Insurance Card
- Co-Pay

**Please leave valuables at home.**

**Plan on 2-4 hours in Gastroenterology Dept.**

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**Remember**
You must have a responsible driver to accompany you to and from your appointment, even if you take a bus or taxi. Do not drive yourself.

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**Payment Code:** S.B. Enteroscopy 44360-44366

**ICD9:**
- 530.81 GERD
- 530.85 Barretts Esophagus
- 787.2 Dysphagia
- 789.00 Abdominal pain
## Clear Liquid Diet

A Clear liquid diet is necessary during colonoscopy preparation to provide needed fluids. Clear liquids are easy to digest and leave little or no residue in the digestive tract. Clear liquids are liquids that you can see through. For example, coffee is a clear liquid, but coffee with cream or milk is not.

<table>
<thead>
<tr>
<th>Type of food</th>
<th>Food allowed</th>
<th>Foods to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Liquids</td>
<td>- Water</td>
<td>- Milk</td>
</tr>
<tr>
<td></td>
<td>- Clear Broths (Chicken, beef or vegetable broth)</td>
<td>- Cream</td>
</tr>
<tr>
<td></td>
<td>- Juices without pulp</td>
<td>- Milkshakes</td>
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<tr>
<td></td>
<td>- Apple</td>
<td>- Smoothies</td>
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<tr>
<td></td>
<td>- Grape</td>
<td>- Orange juice</td>
</tr>
<tr>
<td></td>
<td>- Prune</td>
<td>- Grapefruit juice</td>
</tr>
<tr>
<td></td>
<td>- Cranberry</td>
<td>- Tomato juice</td>
</tr>
<tr>
<td></td>
<td>- Lemonade</td>
<td>- Soups other than clear broth</td>
</tr>
<tr>
<td></td>
<td>- Sodas</td>
<td>- Cream of Wheat</td>
</tr>
<tr>
<td></td>
<td>- Tea</td>
<td>- Oatmeal</td>
</tr>
<tr>
<td></td>
<td>- Coffee (black)</td>
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<tr>
<td></td>
<td>- Gelatin (without fruit; no red or purple dyes) (e.g. Jell-o)</td>
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<tr>
<td></td>
<td>- Popsicles (without fruit or cream; no red or purple dyes)</td>
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</tr>
<tr>
<td></td>
<td>- Italian Ices (without red or purple dyes)</td>
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</tbody>
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