



ARIZONA
GASTROENTEROLOGY
LLC.

DALJIT S BAL, M.D.

DATE: _____ CHECK- IN TIME: _____

Any copay or deductibles must be paid the day if the procedure or you will be rescheduled.

*****You MUST have a DRIVER to drive you home*****

You will be ready to go home 30 minutes after your procedure has finished. Plan to stay 1 ½ -2 hours, SOMETIMES PATIENT FLOW MAY MAKE YOUR STAY LONGER. If your driver is not present for your Procedure, it may be CANCELLED. You will not be able to drive the remainder of the day. If you are unable to keep our procedure, please let us know AS SOON AS POSSIBLE.

We can be reached at 623-773-1161.

Two days before your procedure on: _____ @6:00 P.M. you will start your clear liquids.

CLEAR LIQUIDS ARE: Water, bouillon, broth, apple juice, white grape juice, tea, soda, black coffee, Crystal lite, hard candy (to suck on ONLY). You may also have Jell-O, popsicles, or Kool-Aid as long as they are **NOT RED, ORANGE OR PURPLE**. The colors in these products may stain the bowel looking like blood and cause undue Worry. **ANY** flavor or color of Gatorade may also be taken as clear liquid. Gatorade may also be used in place of water to mix in prep solution.

The day before your procedure _____

CONTINUE CLEAR LIQUID DIET

Open 1 **SUTAB** bottle at **4:00 PM** and fill the provided container with 16 oz of water (up to the fill line.) Swallow each tablet with a sip of water. After the last tablet is swallowed, fill the provided container a second time with 16 oz of clear liquid and drink the entire amount over the next 1 hour.

The Day of the Procedure you will open the second portion of the **SUTAB** at _____. You will fill the provided container with 16 oz of water (up to the fill line). After the last tablet is swallowed, fill the provided container a second time with 16 oz of clear liquid and drink the entire amount over the next 1 hour.

Patients MUST STOP ALL LIQUIDS INCLUDING WATER 3 hours prior to your procedure

_____ **Patients can take the following medications morning of procedure** for anxiety, blood pressure (no Lisinopril), thyroid, seizure, allergy, and inhalers that you normally take it 5 hours prior to procedure with a sip of water only.

PEORIA OFFICE

14155 N. 83rd Ave. #122

Peoria, AZ 85381

623-773-1161

PLEASE READ BEFORE YOUR PROCEDURE

DO NOT take the following medications for **3 days** prior to your procedure, unless otherwise directed by our physicians: Aspirin or aspirin containing medications: Ibuprofen, Motrin, Advil, Aleve, Naprosyn, Voltaren, Feldene, and Salsalate. You can take Tylenol (Acetaminophen) at any time. **This includes** Coumadin, Plavix, Persantine, Aggrenox or blood thinners. **DO NOT STOP** any other medications other than the ones listed above. **Patients can take the following medications morning of procedure** for anxiety, blood pressure (no Lisinopril), thyroid, seizure, allergy, and inhalers that you normally take it 5 hours prior to procedure with a sip of water only.

Due to the increased number of patients that do not keep their appointment for their procedure there will be a \$50.00 charge for NOT cancelling the procedure with at least 48 hours' notice. Should you need to change the date or time please feel free to call our office at 623-773-1161, make sure you will be able to keep the appointment at the new time and date.

Your stay in the office will vary depending on the procedure to be carried out; this will vary from 30 min to 2 hours. You do not have to be at our office any earlier than the stated check-in time on your prep sheet.

You **MUST** have a driver on the day of your procedure. **DO NOT drive any motor vehicle or operate any dangerous equipment after your procedure.** For liability reasons you will not be able to take a taxi or bus home from the procedure, unless accompanied by another adult – **NO EXCEPTIONS.** If you show up in a taxi or unaccompanied by another adult – **YOU WILL BE RESCHEDULED.** Weakness and lack of coordination are the results of the medications that are given during the procedure. Do **NOT** conduct any important business or sign any legal documents on the day of the procedure.

****Please be selective on whom you choose to be your driver from this procedure. You will be under anesthesia; you may not fully understand or remember what is said about your results. The person that is to take you home will be given any results and recommendations. They will be asked to sign the discharge orders. Please do **NOT** bring anyone you would not feel comfortable of them understanding your results and recommendations. By selecting your driver, you will be allowing them access to personal information. Please let your intentions be known to our office as soon as you arrive.

It is the patient's responsibility to know their Insurance Benefits and coverage under their policy.

IF YOU ARE SCHEDULED FOR A SCREENING COLONOSCOPY, PLEASE UNDERSTAND THAT THE DIAGNOSIS CAN/WILL CHANGE IF ANY POLYPS OR ANYTHING ABNORMAL IS FOUND DURING THE PROCEDURE. IF A POLYP OR ABNORMAL FINDING IS MADE, THE DIAGNOSIS IS NO LONGER A SCREENING, BUT IN FACT NOW A DIAGNOSTIC. THIS MAY CHANGE YOUR BENEFITS, CO-PAYS AND/OR DEDUCTABLE THAT YOU ARE REQUIRED TO PAY FOR SERVICES. A screening colonoscopy is where the patient has ABSOLUTELY NO problems, NO complaints, NO symptoms of ANY KIND and NOTHING is found during the procedure. Any Problem, Complaint, Symptom(s) that a patient may have makes the colonoscopy a diagnostic procedure, NOT a screening. Should you have any questions prior to your procedure, please do not hesitate to ask.

Should your insurance coverage change, you must notify our office as soon as possible. Some insurance companies can take 3-7 days to obtain an authorization. This could cause us to reschedule your procedure date.