

Surgical Alliance of Middle TN

You are scheduled for (EGD/Colonoscopy/Hemorrhoid Treatment) at _____ Medical Center on _____. Please arrive at admitting at the hospital at _____. Please plan to be at the hospital for several hours depending on your procedure. It is necessary for someone to stay with you during your procedure, take responsibility for your valuables and drive you home.

On _____, the day before your procedure, you can ONLY HAVE CLEAR LIQUIDS. NO solid foods or milk products.

List of acceptable clear liquids:

- Apple Juice
- Soda (Sprite, 7-up, Coca Cola, etc.)
- Tea
- Coffee (NO milk or creamer. Sugar/sweeteners are okay)
- Gatorade (NO red or purple)
- Jello (NO red or purple)
- Popsicles (NO fruit or pulp. NO red or purple)

Do not eat any salads, nuts, seeds, corn, or peas, popcorn, mushrooms, tomatoes, or peppers one week prior to test.

*****DO NOT TAKE aspirin 10 days prior. If taking any other blood thinners, contact physician for instructions*****

*******DO NOT TAKE any medications the morning of your procedure*******

Start drinking your prep at 6:00 PM the day before your procedure

Step 1: Mix your solution of Nulytely/Gavilyte with the amount of water specified on the container. Drink 8oz. Every 15 minutes until you drink half of the container. After drinking half of the solution, place it in the refrigerator.

Continue to drink clear liquids to stay hydrated.

Step 2: Your second dose will be at _____ (time) on _____ (date). Drink 8 oz. Of the solution every 15 minutes until you finish the container.

****You CANNOT have anything else to eat/drink after step 2 above.**

**If you need to cancel or reschedule, please give a 7 day notice. Rescheduling may delay your diagnosis and treatment for several weeks.

**A representative from our office (and the facility) will call you prior to your procedure to collect your estimated copay, deductible or coinsurance. Estimated out of pocket expenses must be paid up front.

Patient Signature _____ Date _____

Nulytely/Gavilyte