



Colonoscopy Preparation Using Prepopik

Name: _____ DOB: _____

PREPOPIK PRESCRIPTION WILL BE SENT TO YOUR PHARMACY

STARTING 5 DAYS BEFORE YOUR COLONOSCOPY: _____

- NO **SEEDY FOODS** – Nuts, Popcorn, Seeds (flax, sunflower, and quinoa), multigrain bread, fresh and dried fruit, seedy vegetables (like tomatoes, cucumbers, squash, peppers)
- NO medicines that stop diarrhea – no **iron** or **fiber** supplements
- Blood thinners like *Plavix®*, *Brilinta®*, *Effient®*, Warfarin, *Pradaxa®*, *Eliquis®*, *Xarelto®*, may have to be stopped. **Do not make this decision without prescribing doctor's approval!**

DAY BEFORE COLONOSCOPY - CLEAR LIQUID DIET ALL DAY: _____

Please **NOTHING** red, purple, or with pulp

Drinks – Gatorade, Powerade, Sports drinks are encouraged for their electrolytes
Black coffee or tea, plain with **NO cream or milk**. Any flavor soda or soft drink
Any flavor clear juice such as white grape juice or apple juice
Boost, Ensure, Glucerna (not plus or high fiber): Up to 2, NONE on procedure day

Desserts – Gelatin, Jell-O, Slurpee, and popsicles. NO red or purple, NO sherbets, NO smoothies

Soups – Clear broth which can be canned, home-made, or bouillon

Sweets – Hard candy such as mints, lifesavers, and gum

TAKING THE PREP DAY BEFORE - 1ST DOSE ON: _____

- 5 hours before bedtime**, fill dosing cup with cold water up the lower line (5oz). Pour the contents of packet 1 into the cup and stir for 2-3 minutes until the powder is dissolved. Drink all the liquid. It is recommended that you drink five 8oz glasses of clear liquids over the next 5 hours.

TAKING THE PREP DAY OF - 2nd DOSE (5 hours before procedure): _____

- Fill dosing cup with cold water up the lower line (5oz). Pour the contents of packet 2 into the cup and stir for 2-3 minutes until the powder is dissolved. Drink all the liquid. It is recommended that you drink three 8oz glasses of clear liquids over the next 2 hours.

NOTHING BY MOUTH STARTING THREE HOURS PRIOR TO PROCEDURE

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Date and Time of Your Procedure

Arrival Time to Procedure Location

Location of Procedure:

- | | |
|--|---|
| <input type="checkbox"/> Sentara Obici Outpatient Surgery Center
2800 Godwin Blvd, Suffolk, VA 23434
Second floor of main hospital building | <input type="checkbox"/> Lakeview Ambulatory Surgery Center
2000 Meade Pkwy, Suffolk, VA 23434
East entrance |
|--|---|

Important Transportation Note

_____ Patients CANNOT drive a vehicle for the remainder of the day after having a colonoscopy. Please be sure to bring a responsible adult with you to drive you home after the procedure.

Procedure Cancellation and No-Show Policy

_____ Our office must be notified of all procedure cancellations at least two business days prior to the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment will be subject to a **\$100 no-show fee**. To cancel a procedure, please call our office.

Billing Notice

_____ If polyps are removed or biopsies are taken during a **screening** colonoscopy, the colonoscopy becomes **diagnostic** per most health insurance companies. Your copay for a preventive exam is affected by this insurance company policy, as you would have a higher copay.

By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by _____ on _____.

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____