



Colonoscopy Preparation Using PLENVU

Name: _____ DOB: _____

PLENVU 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. . **Are you on a blood thinner? YES _____ NO _____**

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

Diabetic medications will need to be adjusted per diabetic protocol.

Please take all prescribed medication including heart and BP medications!

TAKING THE PREP DAY BEFORE - 1ST DOSE ON (5 hours before bedtime):

- Empty the contents of DOSE 1 into the container provided.
- Add lukewarm water to the line on the container and mix.
- Drink entire contents of mixing container over 30 minutes. Drink at least another 16 ounces of clear liquids over 30 minutes.

TAKING THE PREP DAY OF – 2nd DOSE ON (5 hours before procedure):

- Empty the contents of DOSE 2 pouch A and pouch B into the container provided.
- Add lukewarm water to the line on the container and mix.
- Drink entire contents of mixing container over 30 minutes. Drink at least another 16 ounces of clear liquids in 30 minutes.

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"/> BelleHarbour Medical Building
3910 Bridge Rd Suite 101, Suffolk, VA 23435
First floor, side entrance facing Bridge Rd |
|--|---|

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 _____.

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____