

COLONOSCOPY

PREP & INSTRUCTIONS

NAME: _____

Appointment Date: _____ Physician: _____

MCLAREN MACOMB HOSPITAL

1000 Harrington Blvd.

Mount Clemens, MI 48043

NO TIME HAS BEEN GIVEN FOR YOUR PROCEDURE

The hospital will contact you the afternoon prior to your appointment with your procedure time. If your test is scheduled on a Monday, you will be contacted the Friday prior.

If you will not be available for this phone call, please call (586) 493-2740 between 1 pm & 6 pm the day prior (or Friday for Monday appointments) for your arrival time.

- If** this box is checked, please have the enclosed lab work drawn _____ days prior to your procedure.
- **DO NOT** use iron or products containing iron (e.g. vitamins with iron) for 7 days prior to procedure.
 - Please be certain to bring a friend or relative to remain at the center and drive you home after your procedure. **THE PROCEDURE WILL NOT BE PERFORMED IF A DRIVER IS NOT PRESENT.**
 - **See enclosed detailed instructions.**

MEDICATION INSTRUCTIONS DURING PREP

Continue your usual medications unless advised otherwise.

- _____ days before the procedure, **STOP TAKING:** _____
- **Continue taking** (including the morning of procedure if normally taken in the morning):

- The morning of the procedure, **DO NOT TAKE:** _____

If you are taking a medication that is not listed above or if you have any questions about these medications, please call our office!

CALL OUR OFFICE AT ANY TIME IF YOU HAVE QUESTIONS
OR DIFFICULTY WITH YOUR PREPARATION.

(586) 286-5400

More information and FAQ at www.tcgastro.com

Tri-County Gastroenterology, PC

Bruce Kovan, DO Andrew Rosenfeld, DO Samuel Gun, DO Jaspreet Ghumman, DO Poorna Ramachandran, DO Fernando Gamarra, MD

IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE CONTACT OUR OFFICE AT LEAST 24 HOURS IN ADVANCE TO AVOID A \$50 CANCELLATION / NO SHOW FEE.