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Please visit our website at www.azgastroenterology.com for additional patient information.

Arizona Gastroenterology 520-742-4139

Flex Sigmoidoscopy/Limited Colonoscopy Preparation

Procedure Date: _____

Check In Time _____

Day Prior to procedure:

- You may eat regular meals up until midnight the night prior to your procedure
- Purchase three Fleets Enemas over the counter

Day of your procedure:

- Clear Liquids ONLY.
 - Water
 - Beef, chicken or vegetable bullion/broth
 - Tea and coffee (no cream or milk)
 - Gatorade, soda pop, Crystal Light
 - Apple Juice, White Grape Juice, Jello, Popsicles
- **Do not drink anything red or purple.**

Start your enemas the day of your procedure:

Enema #1 _____

Enema #2 _____

Enema#3 _____

You may continue to drink clear fluids to up to two hours before your procedure.

Two hours prior to your procedure at _____: NOTHING BY MOUTH. This includes gum, candy, mints, cough drops, smoking, chewing tobacco, water and other liquids. Necessary medication (blood pressure, thyroid, pain, seizure, anxiety, and heart) may be taken before the two hour mark.

Reminders for your procedure:

- Please bring photo ID, insurance cards, a list of medications and a form of payment if you have a co-pay.
- Wear loose comfortable clothing. PLEASE LEAVE ALL VALUABLES AT HOME (wallet, jewelry, phone, etc.)
- You must have a driver who can drive you home post procedure. They must be present at the time of check in and are requested to stay for the duration of the procedure. **YOU MAY NOT DRIVE YOURSELF HOME.**
- You may use a medical taxi or one provided through your insurance company. Public transportation (i.e. bus) is not permitted.
- We recommend planning to be at our facility about two hours, which allows time for preparation, procedure and recovery. Occasionally, unexpected delays may occur and you may have an increased wait time. While this is difficult to predict, we want to ensure that each patient gets the care that he or she needs.

Cancellation/No Show Policy: We are committed to providing patients with exceptional care. When a patient cancels without notice, they prevent another patient from being seen. Please notify the office within 72 hours of your appointment if you need to cancel or reschedule. If prior notification is not received, you will be charged a \$50.00 cancellation fee.