Prep and Procedure Info

Procedure: ?? Date: ?? Check-in: ??

Medication/Supplement Adjustments

- 7 days prior to procedure,STOP all vitamins, herbs, aspirin, Advil (ibuprofen) and any anti-inflammatory as it can inhibit blood clotting.
 Tylenol is ok to take.
- Diabetes pills: take your medication as prescribed up to the day before. On the day before your procedure, take only half the prescribed dosage. The day of your procedure, you may take it after your procedure.
- Injectable Diabetes/Weight loss medications: All injectables for weight-loss must be stopped 14 days prior to procedures. All non-insulin injectables for diabetes (example: Ozempic) must be stopped 7 days prior to procedure.
- Weight-loss Drugs: Stop taking any weight-loss drugs 2 weeks prior to procedure (example: phentermines)
- High blood pressure meds: Be sure to take your blood pressure medication every day as prescribed by your physician. On the day of your procedure take it with just a sip of water.
- Cardiac Clearance required: For Coumadin or Plavix or any blood thinner, you must have clearance from your prescribing doctor to stop medications one week prior to procedure. Without written clearance, your procedure may be cancelled

Preparation (The Day Before the Procedure)

Begin a clear liquid diet (see below for details).

Everything you need for the following steps is found over-the-counter in the laxative section.

- 1. Take 2 dulcolax laxative pills at 2:00PM and 2 more at 4:00PM the day prior.
- 2. Purchase a large bottle of Miralax and start drinking at 6:00 pm the day prior to the procedure. You can use any clear or light colored Gatorade. Pour an 8 oz glass and add 1 capful of Miralax powder, mix and drink until 40 oz have been consumed (five 8oz cups).
- 3. Use a Saline Fleet Enema 2 hours before leaving your home.

DO NOT EAT OR DRINK ANYTHING FOR 8 HOURS PRIOR TO YOUR SURGERY

Clear Liquid Diet

Rules	Avoid all milk products. Avoid soups with meat, noodles, or vegetables. No alcohollf you have to chew it, you can't have it!
Before 4PM	Water, Clear fruit juices (no pulp!), Bouillon, Clear broth, Popsicles (NO red, orange, purple), Hard candies (NO red, orange, purple), Sodas (NO orange, grape, red), Coffee/Tea (NO milk, cream, or creamer)
After 4PM	Water, Clear fruit juices (as above), Clear sodas (Sprite, 7-Up, Ginger Ale). Don't drink anything that isn't clear after 4PM!

Prep and Procedure Info

Scheduling Information

Procedure Information Needed for Insurance Benefits

Diag	nosis Codes: ???	Proce	dure Coo	des: ???	
Fac	ility*				
	Baylor Surgicare at Planot	1701 Ohio Dr., Plano, TX 75093			(214) 291-3000
	Surgery Center of Planot	4005 W 15th St., Plano, TX 75075			(972) 629-0500
	Medical City Of Plano	3901 W 15th St., Plano, TX 75075			(972) 596-6800
	Medical City of McKinney	4500 Medical Center Dr., McKinney, TX 75069			(972) 547-8000
	BSW Surgicare Centennialt	4401 Coit Road, #100, Frisco, TX 75035			(214) 619-0120
	THR Presbyterian Plano	6200 W. Parker Road, Plano, TX 75093			(972) 981-8000
	THR Presbyterian Frisco	12400 Dallas Parkway, Frisco, TX 75033			(469) 495-2000
	Baylor Regional Plano	4700 Alliance Blvd., Plano, T	4700 Alliance Blvd., Plano, TX, 75093		
	Other:				
† On	te that your facility may ask you to fill e or more of our doctors may have a sthesia / Assistant		such as	"One Medical Passpor	t."
	Anesthesia Gro	oup Scheduled		Assis	tant Surgeon
	USAP / Pinnacle	(972) 715-5000		Dr. A. Bransky	(214) 934-2506
	TX-An Anesthesia	(972) 488-8926		Dr. K. Seto	(972) 608-2025
	Dr. D. Taylor	(214) 373-9092		Dr. W. Kantor	(972) 618-4221
	Dr J. Wicks	(972) 747-5840		Other	#
	Valiant Anesthesia	(972) 422-8223			
	Colon & Rectal Associates	(214) 501-1194			
Pre-	Op Testing				
	Pre-Op Testing:				
	Cardiac Clearance:				
Billi	ng Disclosure / Out of Netwo	rk Disclosure			
	: If your procedure requires patholog) 890-6220.	y, the technical component may be	billed thr	ough Ameripath North	Texas, who can be reached at
date reaso partio	below to attest that: I am aware the of service and I understand that this cons for using this out-of-network processing providers are generally prohontact my insurance concerning out-	health care provider may not be a p vider and I understand the possibility ibited from waiving member cost sh	oarticipati y of incre are amou	ng provider in my insuased out-of-pocket ex unts such as co-pays,	urance plan. I understand the pense. I understand that non-deductibles, and co-insurance. I
Patie	ent/Guardian Name:				
Patie	ent/Guardian Signature:		[Date:	

Prep and Procedure Info

Scheduling Guidelines

To reschedule: 972.612.0430

Our office tries to schedule all procedures, colonoscopies and surgeries in a timeframe that fits with your schedule. To that end, our doctors have secured "block" times at area hospitals to facilitate the scheduling process. This means that we are assured of certain select times in which we can schedule your procedure.

We also realize that there are times when unforeseen circumstances arise and you must reschedule your procedure. At those times, we will attempt to work with you to reschedule to a time and date that meets your needs. However, in an effort to keep our scheduling process efficient and give all patients ample opportunity to schedule a procedure, we have instituted the following guidelines:

- Procedures, colonoscopies and surgeries must be cancelled at least 48 hours prior to the day of the surgery. This will allow our staff to give that time slot to someone else.
- Cancellation of a procedure, colonoscopy or surgery with less than 48 hours notice will result in a \$25.00 fee.
- If a procedure, colonoscopy or surgery is cancelled and/or rescheduled three times, there will be a \$50.00 fee which is payable before we can reschedule for you.
- If you are a "No Show" for your procedure (this means that you fail to notify the office that you are canceling your appointment), there will be a \$50.00 fee applied to your account.
- It is considered a "No Show" if we are not notified prior to 5:00 p.m. the day before your scheduled procedure.

We value you as a patient, and have added the above guidelines in an effort to provide timely service to everyone. Each time we reschedule, we must contact the insurance company, the hospital, anesthesia, and assistant physicians (if required for your procedure).

I have Read and understood the above guidelines.	
Name:	
Signature:	Date: