

Surgical Specialists of York  
Dr. Christopher Evans  
717-812-8871

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Arrival time: to be determined  
Location: Surgical Center of York  
1750 Fifth Ave  
Suite 302  
York, PA 17403

### COLONOSCOPY: MIRALAX BOWEL PREP

**7 DAYS PRIOR TO PROCEDURE:** Discontinue any blood thinners. STOP: Warfarin, Pletal, Plavix, Aspirin, Coumadin, Aggrenox, Pradaxa, Eliquis & Xarelto. **Tylenol & Acetaminophen are safe to use before the procedure.**

#### **DAY BEFORE PROCEDURE:**

- Nothing to eat. Clear liquid diet all day (see below)
- At Noon take 2 Dulcolax tablets
- At 2:00pm take 2 Dulcolax tablets
- At 5:00pm mix Miralax & Gatorade until dissolved.
- Drink 8oz every 15-20 minutes until the solution is gone. Should nausea occur, take a break & resume drinking in about 30 minutes. Bloating & nausea should decrease after your first bowel movement.
- You may drink water until midnight should you so desire. (*NOTHING AFTER MIDNIGHT*).

#### To Purchase:

- 4 Dulcolax Laxative Tablets
- 238 gram Miralax
- 64oz Gatorade/Crystal Light/Iced Tea or Lemonade (not red or purple)

\*Diarrhea should begin 1-2 hours after you begin drinking. If you are not going clear/tan when you have finished the prep, push water until midnight.

**CLEAR LIQUID DIET:** water, apple juice, white grape juice, sprite, seltzer, ginger ale, iced tea, clear broth, coffee, tea, (*NO MILK/CREAMER IN COFFEE OR TEA*)  
Gatorade, Jello & popsicles (*NOTHING RED OR PURPLE*).

#### **DAY OF PROCEDURE:**

**-DO NOT EAT OR DRINK ANYTHING (doing so could cause aspiration leading to pneumonia or will result in the cancellation of your procedure)**

- Take your blood pressure & heart medication the morning of the procedure with a small sip of water. A nurse will call you the day prior with specific medication instructions.
- Diabetics should check with their physicians regarding their insulin or oral diabetic medications.
- You must be accompanied to the facility by an adult. You may not drive or use public transportation after the procedure. If you do not have a chaperone, your colonoscopy will be cancelled.
- If you have an ostomy, please bring an extra stoma bag.

**CANCELLATION CLAUSE: A NO CALL/NO SHOW FOR FAILURE TO CALL OUR OFFICE 7 DAYS PRIOR TO PROCEDURE WILL RESULT IN A \$75 PHYSICIAN SERVICE FEE.**

Signature: \_\_\_\_\_

## Pre-Endoscopy Guidelines

1. Follow the instructions that your doctor has provided concerning your prep. You may have water until midnight before your procedure. *Consumption of food or beverage after midnight may result in cancellation.*
2. Please brush your teeth & gargle on the morning of your procedure. Do not drink any water.
3. Please shower or bathe the night before or morning of your procedure.
4. Make arrangements for a responsible adult to drive you home. You will not be allowed to leave alone or drive yourself. You may use public transportation if a responsible adult accompanies you.
5. Wear loose, simple fitting clothing to the Endoscopy center. NO perfumes, colognes, valuables or jewelry.
6. You may be asked to remove your dentures. They will be kept in a container at your bedside.
7. If you wear contacts or glasses, please bring a case for them.
8. *Please do not take you blood thinners (Aspirin, Coumadin, Warfarin, Plavix, Pradaxa, Aggrenox, etc.) for 7 days prior to your procedure.*
9. Please bring a list of medications & surgeries along to the Endoscopy Center.
10. If you develop a cold, flu or fever, please contact your doctor immediately.
11. Two days before the procedure, a nurse from the Endoscopy Center will call you to review your medication instructions & confirm your time. If you are not home, they may leave a short message on your answering machine or you may call them at (717) 815-2369.
12. Cancellation Policy: Cancellations must be made 7 days prior to procedure. Failure to show will result in a \$75 fee.

I acknowledge receipt of the instructions indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

- 1. Do you become short of breath or develop chest pain when climbing a flight of stairs? NO YES
- 2. Do you have high blood pressure that requires medications to control it? NO YES
- 3. Have you ever had heart disease, pacemaker/defibrillator, heart surgery, angioplasty, a stent placed, abnormal EKG or a heart attack? Cardiologist: \_\_\_\_\_ NO YES
- 4. Have you ever had blood clots, stroke, carotid artery blockage, or TIA ("mini-strokes")? NO YES
- 5. Are currently taking blood thinners such as Coumadin (warfarin), Plavix (Clopidogrel), Effient (prasugrel) NO YES
- 6. Do you have a history of excessive bleeding following medical or dental procedures, or have you had to see a doctor due to problems with bleeding or clotting? NO YES
- 7. Do you have asthma, chronic bronchitis, emphysema? Pulmonologist: \_\_\_\_\_ NO YES
- 8. In the last two years have you been on steroids like prednisone for a condition such as lupus, severe rheumatoid arthritis, chronic lung conditions, or hypopituitary condition? NO YES
- 10. Do you have diabetes? NO YES
- 11. Do you have kidney problems and regularly see a nephrologist (kidney specialist) or receive Dialysis? Kidney Specialist: \_\_\_\_\_ NO YES
- 12. Do you have a history of cirrhosis or chronic liver disease? NO YES
- 13. Are you currently being treated for cancer, excluding basal cell? Oncologist: \_\_\_\_\_ NO YES
- 14. Have you or anyone in your family ever had significant complications with anesthesia? NO YES

- Have you ever had a back or neck injury? NO YES
- Have you ever had a seizure or been diagnosed with a seizure disorder? NO YES
- Have you ever been diagnosed with sleep apnea? If yes  CPAP  BIPAP NO YES
- Do you have stomach or intestinal problems such as reflux, ulcers, colitis, hiatal hernia or gastritis? NO YES
- Have you ever had a blood transfusion? Date of last transfusion: \_\_\_\_\_ NO YES
- Could you be pregnant? NO YES

**Do you....**

- Ever Smoke?  Yes  No Packs per day: \_\_\_\_\_ Years smoking: \_\_\_\_\_ Date you quit: \_\_\_\_\_
- Use alcohol?  None  Socially  Moderately  Heavily
- Have a history of substance abuse:  Yes  No
- Wear eyeglasses/contacts:  Yes  No
- Have any of the following:  Dentures  Bridges  Caps  Loose Teeth

Based on your medical history, you may be required to see a physician for evaluation and optimize your medical condition prior to surgery. Expect a call from your surgery nurse navigator within 2 business days of your surgery being scheduled. Please select the best time for your pre-surgical screening call or appointment below. Please have your complete medication list with drug names and dosages available at the time of your call.

Best Day(s) for a 30-60 min Phone Call:  M Tu W Th F	Best Time for a 30-60 min Phone Call:	Best phone number to reach you:
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Christopher J. Evans, DO  
Surgical Specialists of York

Preauthorization

Date: \_\_\_\_\_ Time: \_\_\_\_\_ DOB \_\_\_\_\_ Date of Service \_\_\_\_\_

Patient Name: \_\_\_\_\_ HF# \_\_\_\_\_

Address: \_\_\_\_\_

Type of Service

Place of Service

Outpatient

Memorial

Inpatient

Wellspan

Insurance \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

Policy: \_\_\_\_\_

Group: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD: \_\_\_\_\_

Procedure: \_\_\_\_\_

CPT: \_\_\_\_\_

Pre-Certification # \_\_\_\_\_

Signature \_\_\_\_\_

Contact Person \_\_\_\_\_

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