

Provider:

Rick A. Shacket BS9262611

3543 N. 7th Street, Phoenix AZ 85014

Office: 602.263.8484 Mobile: 602.920.1023

RICK A SHACKET

DO, MD(H)



Name: _____ DOB: _____ Date: _____

SURGERY PRESCRIPTION SLIP – PAGE 1

Colonoscopy

Diagnosis:

- Colon Cancer Screening > Age 45 African American & Age 50 All Others
- Gastrointestinal Bleeding (occult or obscure) Rectal Bleeding
- Abdominal Pain with: loss of weight or appetite, perianal disease, ↑ ESR , ↑ CRP
- Hx of Colon Cancer 1st Family Hx of Colon Cancer
- Hx Colon Polyps (adenoma) 1st Family Hx Colon Polyps (adenoma)
- Change in Bowel Habits – Constipation or Watery Diarrhea
- Surveillance of Crohn’s Disease Surveillance of Ulcerative Colitis

Scheduled Colonoscopy on: _____ @ _____ **Time:** 30 min 45 min

EGD Schedule Same Day as Colonoscopy

Diagnosis:

- Heartburn or GERD Despite Appropriate Drug Trial
- Heartburn or GERD with Anorexia or Weight Loss
- Gastrointestinal Bleeding (occult or obscure) Persistent Vomiting
- Upper Abdominal or Periumbilic Pain Persistent Nausea
- Hx of long-term anti-coagulation, or NSAID Therapy
- Anemia - Iron Deficiency or pernicious
- Surveillance of Barrett's Esophagus Surveillance of Adenomatous Gastric Polyps
- Familial Adenomatous Polyposis Syndromes Dysphagia Odynophagia

Scheduled EGD on: _____ @ _____ **Time:** 15 min 30

Surgery

- Diagnosis:** Abscess Condyloma Anal Condyloma Genital Enlarged Papillae
- Enlarged Tags Fissure Fistula Hemorrhoids Prolapse Stenosis Spasm
- Pilonidal Cyst Other:

Scheduled Surgical Repair of Above on: _____ @ _____

Time: 15 min 30 min 45 min 60 min

Standard Pre-operative Instructions & Rx Given to Patient: Yes No

Standard Post-operative Instructions & Rx Given to Patient: Yes No

Signature of Prescribing Physician: _____

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SURGERY PRESCRIPTION SLIP – PAGE 2

Provider Name: Dr. Rick Shacket

Scheduling Office Contact: Ashley

Benefits Verified: Date: _____ Contact: _____

Colonoscopy Case: _____ **EGD Case:** _____ **Surgery Case:** _____

Ins. Eff. Date: _____ **Auth Colon/EGD#** _____ **Auth Surgery#** _____

Medical Records Faxed to: _____ **Date:** _____

Deductible: \$ _____ **Met:** \$ _____ **Coinsurance:** \$ _____

Out of Pocket Max \$ _____

- Cash Patient:** needs a price quoted for facility + Sedation before scheduling. PLEASE, patient has limited means and needs to know the costs before deciding.
- Patient is covered by medical/health insurance.** Needs to know what his maximum out-of-pocket facility cost can be before deciding to schedule.

Notes: _____

Main Office:

Rick A. Shacket
Comprehensive Health Services
3543 N. 7th Street, Phoenix AZ 85014
Office: 602.492.9919 Mobile: 602.920.1023

RICK A SHACKET
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Name: _____ DOB: _____ Date: _____

PLACE OF PROCEDURE



Phoenix Baptist Hospital
2000 W. Bethany Home Rd
Phoenix, Arizona 85015
602.249.0212

Your colonoscopy or upper endoscopy (EGD) is scheduled on:

Date: _____ Time: _____ Arrival Time: _____

Your surgery is scheduled on:

Date: _____ Time: _____ Arrival Time: _____

If you do not have a scheduled time written above, and you do not get a call from us within five working days, please call Ashley at Comprehensive Health Services to schedule your procedure.

Scheduling Number (602) 492-9919

RECTAL SURGERY PREPARATION

General Instructions:

You will need to purchase two regular Fleets Enemas or similar generic brand products in preparation for this procedure, available in most supermarkets and all drug stores.

You may take your usual medications unless instructed otherwise. However, **DO NOT TAKE ANY** aspirin, aspirin containing products, non-steroidal anti-inflammatory drugs, ibuprofen, Motrin, Voltaren, Naproxen, Naprosyn, Aleve, Anaprox, Indocin, arthritis medications, ginkgo or vitamin-e one week prior to this procedure. Please inform your doctor immediately if you are taking any of these drugs.

Day prior to Surgery:

Take a Fleets Enema (in the knee-chest position as described on the package), in the evening before bedtime.

Day of Surgery:

Consume no food or liquids for at least 8-hours prior to your scheduled surgery.

Take another Fleets Enema (in the knee-chest position as described on the package) about 30 minutes before leaving to the surgery center.

If oral or Intra Venous (IV) sedation is planned, expected, or given for your procedure; you must be accompanied by a friend or relative to drive and/or assist you safely home.

POST-OPERATIVE INSTRUCTIONS

FOLLOWING OFFICE SURGERY

1. KEEP THE RECTAL AREA CLEAN AND DRY. After a bowel movement, clean your bottom with peri-anal cleansing pads (i.e. AloeClean®, Tucks® or **baby-wipes**), followed by blotting the area dry with white unscented toilet paper. Change your dressing after each bowel movement, or whenever soiling occurs.

Dressing: A piece of cotton (from a **cotton roll**) or non-sterile 4x4 gauze pads, placed between your buttocks and held with white paper tape, will help keep the area dry. A sanitary napkin worn inside your underwear can also help absorb excess drainage. Dressing the anal area does not effect healing, but will help to keep your underwear and bedding clean and dry.

2. REDUCE SWELLING. A sitz bath (warm water bath) several times a day will give you soothing relief. Ice the area for 10–15 min (an ice cube in a Ziploc bag works fine) at least 2 – 3 times a day for 2 to 5 days after surgery, to reduce swelling and aid in healing.

3. CALL OUR OFFICE TO MAKE AN APPOINTMENT. We definitely want to see you in approximately 100 days from the date of your operation. If you have any symptoms that are not improving, we would like to see you sooner.

4. TAKE YOUR MEDICINE AS PRESCRIBED.

Hydrocortisone/Proxamine: For swelling, inflammation, and itching of the anal tissue. Important: use hydrocortisone cream and or suppositories several times a day until you are healed. This will shorten your healing time by as much as 50%.

Hydromorphone/Oxycodone/Hydrocodone/Codeine: For pain. Do not drink or drive on this medication.

Casanthranol/Docusate/Senna/Magnesium hydroxide: To soften the stool and gently stimulate a bowel movement.

ANAL HYGIENE

Anal Hygiene: Proper Cleaning & Wiping Technique

Avoid rubbing with toilet paper or moist towelettes. This aggravates the hemorrhoids and irritates the skin.

Whenever possible, clean the area in a bath or a shower without using soap (soap is an irritant). Plain water or natural cleansing products are usually OK. Be sure to rinse the area well. Then gently dry the area by blotting it with a towel, or use a blow dryer set to light warm or cool.

Thick-quilted disposable **baby-wipes** can be a suitable substitute for toilet paper when bathing is impractical. Be sure to wipe slowly and gently and never scrub the area.

Anal Hygiene: Proper Way to Experience a Bowel Movement

Use the toilet whenever you feel the urge to have a bowel movement, even if it is several times throughout the day. Try to go as soon as you feel the urge to go; if you delay this urge by more than a few minutes, you might get a reflex constipation and lose the urge to go again for several hours.

Prolonged sitting or excessive straining while on the toilet, allows the hemorrhoidal venous cushions to expand unnecessarily, causing hemorrhoid disease to develop or worsen. Avoid excessive straining with any bowel movement. A gentle pressure or straining of the abdominal and pelvic muscles is OK, but not for more than 30-consecutive seconds. Limit your time on the toilet from 3-5 minutes for any one sitting; if you have not completed an entire bowel movement, that's OK; get off the toilet, walk around for a bit, and wait for the urge to have a bowel movement return. Don't read, watch TV, talk on the phone, or play video games while sitting on the toilet, or else you might extend your time sitting on the toilet by more than a few minutes.

Anti-Itch Suggestions

For relief from itching caused by hemorrhoids, fissures, and or pruritus ani. Lower the acid ph balance of your stools by avoiding: 1) soda beverages, 2) citrus fruits and juices, and 3) beer and wine; and by taking 4) **Align®** probiotic supplements one to two times a day. Avoid caffeinated products, especially coffee, because caffeine lowers anal sphincter pressure, promotes flatulence, and generally heightens anal skin sensitivity.

If anal itching continues, bathe the area with a mild astringent like Domeboro's® solution, or a dilute vinegar solution, before bedtime for 7-10 days.

If soiling with blood or other bodily fluids is a problem, blow-dry the area after bathing or blot it with a dry towel (no rubbing). Tear off a strip of cotton from a **cotton-roll** and place it between the buttocks for maximum dryness.

Over-the-counter: Baby-wipes, Cotton-roll, and Align® probiotics.

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DISPENSE ONE OF THE FOLLOWING THREE PRESCRIPTIONS:

1) First Choice if the Patient is insured for a \$25 Maximum Co-Pay (see coupon below):

Analpram Advanced Kit, 1 oz tube Analpram HC (hydrocortisone acetate 2.5% and proxomine HCL 1%) Cream 2.5% packaged with 30 Vasculera (diosmiplex) tablets and 14 AloeClean wipes. Apply locally t.i.d., 11 refills.


ANALPRAM ADVANCED™ KIT


Eligibility Terms:

- Coupon not valid for prescriptions reimbursed in whole or in part under Medicaid, Medicare, including Medicare Advantage and Part D prescription drug plans, or any other federal or state program (including state pharmaceutical assistance programs) or where prohibited, taxed, or otherwise restricted. Coupon is not valid in Massachusetts, except for cash pay patients.
- Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics.
- This coupon can be used each time you have a prescription.

- Ferndale reserves the right to rescind, revoke or amend this offer without notice.
- The selling, purchasing, trading or counterfeiting of this coupon is prohibited by law.
- Offer may not be combined with any other rebate, coupon, free trial, or similar offer. Coupon has no cash value. No cash back.
- Patients understand and agree to comply with the terms and conditions of this offer as set forth here.
- The pharmacist will be paid a \$2.00 administration fee.

Call 1-866-450-3277 with processing questions.

Instant Savings

<p>For Insured Patients:</p> <p>Pay No More Than \$25*</p> <p><small>*Maximum payable amount \$75</small></p>	<p> ANALPRAM ADVANCED™ KIT</p> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <div style="text-align: center;"> <p>Analpram HC® <small>hydrocortisone acetate 2.5% pramoxine HCl 1% cream 2.5%</small></p> </div> <div style="text-align: center;"> <p>Vasculera™ <small>diosmiplex 630mg</small></p> </div> <div style="text-align: center;"> <p>AloeClean™ <small>advanced gentle cleansing wipe with aloe</small></p> </div> </div> <p style="color: red; font-weight: bold; font-size: 10px;">No Generic Equivalent Available</p>	<p>For Cash Patients:</p> <p>Up to \$75 Off</p>
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COPY Not a Valid Card

2) Second Choice

Generic 2.5% Hydrocortisone cream 1 oz. – preferably with a rectal applicator, Apply locally t.i.d., 11 refills.

3) Third Choice

Hydrocortisone acetate 1% and pramoxine hydrochloride 1% aerosol foam - Insert 1 applicatorful into the rectum and or apply with tissue around the anal area, 2 or 3 times daily and after each bowel evacuation. Dispense 4-canisters per month (i.e. 1- canisters per 7 days); 11 refills of 4-canisters. (When used correctly, the aerosol container will deliver a minimum of 14 applications)

Rick A. Shacket, DO, MD (H)
Diplomate American Osteopathic Board of Proctology

LOCATIONS

Comprehensive Health Services 3543 N. 7th Street, Phoenix AZ 85014, 602.263.8484
Phoenix Baptist Hospital 2000 W. Bethany Home Rd, Phoenix, Arizona 85015, 602.249.0212
Laser Surgery Center 10255 N. 32nd Street, Phoenix AZ 85028, 602.258.7003



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PRESCRIPTION

Hydrocortisone Acetate 25mg Suppositories, 11 refills;
Dispense quantity # 36, or other quantity if initialed: #48 _____, #60 _____.
Insert two daily: one rectally HS, and one rectally after BM

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EuroMed 34975 N North Valley Pkwy, Phoenix AZ 85086, 602.404.0400

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Name: _____ DOB: _____ Date: _____

PRESCRIPTION

Hydrocodone/APAP Tablets, 1 tablet q 3-6 hrs prn pain. 1-refill.

Dispense quantity, dose: #30, 5.0/500

or other dose if initialed: 7.5/500 _____, 10/500 _____.

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