

Main Office:

Scottsdale Vein & Proctology Center
8752 E Via De Commercio #2
Scottsdale, Arizona 85258
Office: (602) 492-9919 | Mobile: (602) 920-1023

RICK A SHACKET
DO, MD(H)



Name: _____ DOB: _____ Date: _____

DISPENSE THE FOLLOWING PRESCRIPTION:

- 1) NuLYTELY with Flavor Packs for Colonoscopy
Dispense 1 / Generic OK
Take as directed.

Or

TriLyte Solution (least Expensive)
Dispense 4-liter jug / Generic OK
Take as directed.

- 2) 5mg Bisacodyl laxative tablets (also available OTC)
Dispense 2-tablets
Take as directed

Rick A. Shacket, DO, MD (H), BS9262611
Diplomate American Osteopathic Board of Proctology

LOCATIONS

Scottsdale Vein & Proctology Center 8752 E Via De Commercio, Suite 2, Scottsdale, Arizona 85258
Dr. Rick Shacket PLLC 3543 N. 7th Street, Phoenix AZ 85014, 602.492.9919
Rick Shacket, DO, MD(H) 610 N Gilbert Rd, Suite 309, Gilbert, AZ 85234-4627, 602.492.9919

Main Office:

Rick A. Shacket
Office: 602.492.9919 Mobile: 602.920.1023

RICK A SHACKET
DO, MD(H)



Name: _____ DOB: _____ Date: _____

PLACE OF PROCEDURE



Abrazo Central Campus 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 Dr. Shacket's office to schedule your procedure.

Scheduling Number (602) 492-9919

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 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: _____

Provider:

Rick A. Shacket BS9262611

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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: _____

AVOID THESE DRUGS BEFORE AND AFTER SURGERY

Drugs and Herbs that Cause Perioperative Bleeding

Drugs that cause perioperative bleeding are taken more frequently than is generally appreciated. In one study of patients who had surgery, as many as 50% had biochemical evidence of recent Non-Steroidal Anti Inflammatory Drug (NSAID) ingestion. If a patient admits to ingesting NSAIDs 4 to 7 days before surgery, the surgeon must consider rescheduling the surgery.

Alcoholic beverages, especially red wine, are best to be discontinued at least 4 to 5 days before surgery.

Avoid these drugs and herbs, preferably at least 7 to 10 days before and after surgery. Natural substances are listed in **bold** print.

PREVENTIVE DRUG LIST

Acetylsalicylic Acid	Clopidogrel bisulfate
Advil	Congesprin
Aggrenox	Cope
Aleve	Coricidin
Alka-Seltzer	Corticosteroids
Allicin	Coumadin
Amigesic	Coumadin
Anacin	Cox-1 Inhibitors
Anaprox	Darvon
Anaproxin	Depakote
Ansaid	Dexamethasone
APC	Diclofenac Dipyridamole
Argesic-SA	dipyridamole
Arthra-G	Disalcid
Arthrapan	Divalproex
ASA	Dolobid
ASA A.S.A.	Doan's Pills
Ascodeen	Dristan Easprin
Ascriptin	Ecotrin
Aspergum	Effient
Aspirin	Eliquis
Aspirin Choline	Empirin
Bayer	Emprazil
BC Powder	Endodan
Brilinta	Excedrin
Brufen	Feldene
Bufferin	Fenoprofen
Butazolidin	Feverfew
Cephalgesic	Froben
Cheracol Caps	Garlic - Supplements
Chrysanthemum	Gelpirin
Cilostazol	Genpril
Clinoril	Genprin

Ginko Biloba

Good y's Body-Pain

Halfprin

Haltran

Ibuprin

Ibuprophen

Idameth

Indocin

Indomethacin

Jantoven

Ketoprofen

Ketorolac

Lortab

Magan

Magnesium Salicylate

Meclofen

Meclofenamate

Medipren

Mefenamic

Menadol

Midol

Mobidin

Mono-Gesic

Motrin

N.S.A.I.D.s

Nabumetone

Nalfon

Naprosyn

Naproxen

Norgesic

Norwich

Nuprin

Ocufen

Orudis

Oruvail

Oxaprozin

Oxybuta zone

Oxyphenbuta zone

Pamprin

Pathenium

Peptobismol

Percodan

Persantine

Persantine

Phenaphen

Phenylbuta zone

Piroxicam

Plavix

Pletal

Ponstel

Prednisone

Quagesic

Relafen

Rexolate

Robaxisal

Roxiprin

Rufen

Saleto

Salflex

Salicylate

Salix

Salsalate

Salsitab

Savaysa

Sine-Aid

Sine-Off

Sodium Thiosalicylate

Soma Compound

Sulindac

Synalgos DC

Tanacetum

Ticlid

Ticlopidine HCl

Tolectin

Tolmetin

Toradol

Trandate

Trental

Trigesic

Trilisate

Tusal

Vanquish

Vicoprofen

Vitamin E

Voltaren

Warfarin

Willow Bark

Xarelto

Zactrin

Zontivity

Zorprin

NuLYTELY-TriLyte-Bisacodyl Colonoscopy Preparation

Purchase at the pharmacy:

Fill the prescription for your bowel prep kit at any pharmacy contracted with your insurance company. Also purchase over-the-counter 5mg Bisacodyl laxative tablets.

One week prior to your procedure:

Please inform the office if you have a prosthetic heart valve or require antibiotic coverage, and if you are/were unable to received pre-procedure antibiotics from your primary care physician. Do not take iron pills or medications that thin your blood (i.e., Coumadin, aspirin, ibuprofen naproxen, etc.) one week prior to your exam.

Five days prior to your procedure:

Please begin a restricted fiber diet which will result in less waste matter being discharged from the intestines, and smaller feces, thereby making the gastrointestinal tract easier to clean. Do not eat nuts, seeds, popcorn, corn, broccoli, cabbage, salads and onion. Discontinue high fiber foods, and fiber supplements like Metamucil and Konsyl.

The day before the procedure:

Drink only clear liquids for breakfast, lunch, and dinner. Solid foods, milk or milk products are not allowed. As a general rule, if you can see your fingers through a glass of liquid, that liquid is OK to drink. Red-colored liquids are not OK to drink because they can look like blood during the examination of your colon.

Clear liquids include:

- ☐ Water
- ☐ Gatorade
- ☐ Ice Popsicle
- ☐ Clear broth or bouillon
- ☐ Kool-Aid or other fruit flavored drinks
- ☐ Carbonated and noncarbonated soft drinks
- ☐ Plain Jell-O (without added fruits or toppings)
- ☐ Coffee or tea (without milk or non-dairy creamer)
- ☐ Stained fruit juices without pulp (apple, white grape, lemonade)

The day before the procedure in the morning:

Prepare your NuLYTELY or TriLyte solution according to the instructions on the package and refrigerate.

The day before the procedure at Noon:

Take two 5mg Bisacodyl tablets with water. Do NOT chew or crush the tablet. No antacids should be taken within one hour of taking the bisacodyl delayed-release tablet. Wait for a bowel movement (or a maximum of six hours).

The day before the procedure at 6:00 PM:

Begin drinking the solution as instructed: 8 ounces every 10-15 minutes until the bottle is empty. You will have consumed several glassfuls before having the first loose, watery bowel movement. Initially, you may feel slightly bloated, but will become more comfortable as you continue to have bowel movements. It will take approximately 3 hours to finish the solution. You may stop drinking the solution early, if at least half of the 4-liters was consumed and your stool is clear liquid. Diarrhea may continue for at least 1 hour after you finish drinking the solution.

TIP: For most patients, rapidly drinking a glassful is better than sipping an ounce or two at a time. Clear liquids are gulped faster and easier if they are ice cold, have little or no calories, and if they are sipped through a straw. Consider yourself a connoisseur and try pre-chilling your glass before using.

Initially, you may feel slightly bloated, but will become more comfortable as you continue to have bowel movements. It will take approximately 1 hour 15 minutes to finish the solution. Diarrhea will continue for about 1 hour after you finish drinking the regimen.

You may resume drinking clear liquids per the above, for up to four hours before your procedure.

The day of the procedure:

1) Do not eat anything until after your examination. No Liquids allowed after midnight, or 4 hours prior to your scheduled procedure.

2) You must be accompanied by a friend or relative to drive and/or assist you home.