

Jermaine Clarke, D.O.
Grayson Digestive Disease Consultants
300 N. Highland, Suite 105
Sherman, TX 75092
Phone: 903-364-4525

Patient Name: _____ Date: _____

Instructions for Colonoscopy

1. Your colonoscopy is scheduled on _____ at _____.
2. You will need to register no later than _____ (one and one-half hour prior to procedure time) at:

- Wilson N. Jones Regional Medical Center**
500 N. Highland, Sherman, TX 75092
- Texoma Medical Center**
5016 US- 75, Denison, Tx 75020
- Baylor Scott & White**
3601 N. Calasis St, Sherman, Tx 75090

Be on time for your procedure. If you are late, your procedure **will be** delayed and **may be** rescheduled.

You have a follow-up appointment with Dr. Clarke to discuss the results of your procedure will be made after the colonoscopy if necessary.

3. **Seven Days** prior to your procedure, please hold any **flax seed oil, mineral oil, or Omega 3 products.**
4. **Five Days** prior to your procedure, please hold any **aspirin products, iron, and blood thinners.** *(please see list provided)*
5. **Three days** prior to your procedure, please hold any **arthritis medications.** *(Please see list provided)*
6. **Clear liquids ONLY the day prior to your colonoscopy.** (See attached sheet for allowed liquids)

Force fluids all day. It is very important that you do not get dehydrated. Drink 8 ounces of something from the **clear liquid list** each waking hour (unless your a dialysis patient, then no more that 32 oz of liquid during the day).

- ** At 5 pm the evening before the Procedure start Prep and take as directed**
- ** The second dose should start at 5 am the morning of the procedure**

Please note: an unclean colon may require that your examination be rescheduled with an additional prep!

7. **DO NOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT** except the morning dose of the prep and regular medicine with a sip of water.

The day of your procedure, you MUST have someone with you to drive you home following the procedure and to watch after you for the first few hours.

Diabetic instructions

Take only **one-half of your usual dose of Long acting insulin** (Levemir, Lantus) night before the procedure.

Hold any **rapid acting** insulin (Listro, Aspart), or **oral diabetic meds** (Prandin, Amaryl, Glipizide, Glimepride) the day before and the morning of the procedure insulin or by mouth diabetic medicine the night before your procedure.

Half dose regular or intermediate acting insulin may be used the day before the procedure.

Special instructions

Do not use any cologne or perfume on the day of the procedure.

Do not use chewing gum, chewing tobacco, and breath mints.

Be on time for your procedure. If you are late, your procedure **will be** delayed and **may be** rescheduled.

If you need to cancel or reschedule your procedure, please call our office as soon as possible.

For **cancellations**, we ask for at least **48 hours** notice prior to procedure. Please call the office and not the facility.

If you fail to show up for procedure and have not called office to cancel or reschedule, we reserve the right to bill you.

For questions concerning your prep, please call **903-364-4525**.

By signing below, I certify that I have read and received a copy of the above instructions.

_____ _____
Patient's signature **Date**

_____ _____
Staff **Date** **Time**