

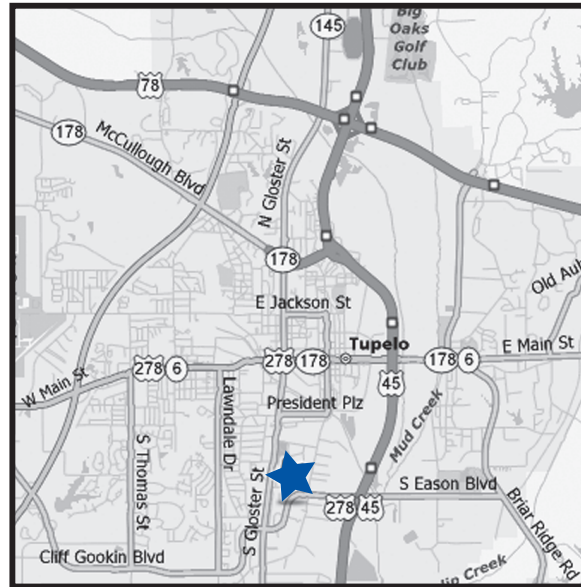
BILLING:

The Center for Digestive Health will usually require a \$250 pre-payment for the anesthesia services. Please be prepared to pay this in addition to pre-pays for the physician services and the facility fees.

You may receive 3 statements for your procedure. A facility fee is issued by the Center for Digestive Health to cover the expense of state of the art equipment and nursing staff. This fee has been approved for coverage by Medicare, Blue Cross and Blue Shield, and other major insurance companies. Following your treatment at the Center for Digestive Health you will be mailed a separate facility fee statement. This means you will receive at least three (3) bills; one for the physician’s services, one for Center for Digestive Health for the facility usage and one from DHS Anesthesia for the sedation that is administered during your procedure. The statements may look the same, BUT there will be a separate mailing address each. In addition, if you receive other services such as lab or radiology, insurance will be filed and a separate statement will also be received.

If you have any questions regarding a balance you may owe, please contact our billing office at 662-680-5565.

Thank you for selecting **Digestive Health Specialists** and the **Center for Digestive Health** for your health care needs.



For directions: From your location to Center for Digestive Health and Digestive Health Specialists, P.A. - 589 Garfield, Tupelo, MS 38801 - View this location at www.mapquest.com

Remember colon cancer screening is recommended for men and women age 50 or older and for African-American’s it is recommended that screening begin at age 45. Colonoscopy is the most effective screening procedure when performed by an experienced gastroenterologist specializing in endoscopy.



CENTER FOR DIGESTIVE HEALTH

and



Digestive Health Specialists, P.A.

589 Garfield Street, Suite 201
P.O. Box 21 • Tupelo, MS 38802
662-680-5565 • 1-877-942-7876
Fax: 662-680-5654

- Stephen T. Amann, M.D.
- John B. Averette, M.D.
- Christopher H. Decker, M.D.
- Roger L. Huey, M.D.
- Noel K. Hunt, M.D.
- C. Allen Justice, M.D.
- W. Garrett Ogg, M.D.
- John O. Phillips, M.D., Ph.D., F.A.C.G.
- R. Brasfield Smith, M.D.
- W. Ross Stone, M.D.
- Samuel C. Pace, M.D. - Emeritus
- Barney J. Guyton, M.D. - Emeritus
- W. Carl Kellum, Jr., M.D. (1952-2006)

Your procedure is on _____

Arrival Time: _____

Please read these instructions prior to your endoscopy procedure to ensure proper preparation for your exam. If you have questions, please call 662-680-5565 or 1-877-942-7876.

You are scheduled for a colonoscopy, a procedure in which a doctor examines the lining of your large intestine by looking through a flexible tube called a colonoscope. If growths or other abnormalities are found during the procedures, the doctor may remove the abnormal tissue for closer examination or biopsy.

Review the preparation schedule below for the days preceding your colonoscopy. Should you need further assistance please call 662-680-5565 or 1-877-942-7876.

PRE-ADMISSION:

The Center for Digestive Health requires specific information prior to your procedure. Insurance and personal data will be verified, and **pre-admission** information will be completed. The information needs to be provided by you **at least 4 days** before your scheduled procedure by stopping by or calling the Center for Digestive Health admission desk, **if you have not already been contacted for this information by one of our admissions counselors at the Center for Digestive Health.** It is located on the ground floor of 589 Garfield Street and open from 8 AM - 5 PM, Monday through Friday. The phone number is 662-377-5885.

MEDICAL ALERTS:

Please advise the Digestive Health Specialists office if you have an implanted device (pacemaker or defibrillator) to determine if special measures should be taken during your procedure.

Patients who are on peritoneal dialysis should contact your renal physician about antibiotics required prior to your procedure.

If you use a Bi PAP/CPAP machine at home, please bring with you on the day of your test.

Note: Oral laxatives may cause mild cramping, bloating, or nausea. Always stay near a toilet when using laxatives.

If you experience nausea or vomiting while taking the prep, rinse your mouth with water. Take a 15 to 30 minute break and then continue drinking the prep solution.

MEDICATIONS/ALLERGIES:

Bring a list of your current medications and allergies. Routine medications such as blood pressure, cardiac, and seizure medications should be taken with a sip of water the day of your test.

Do you have diabetes? If you are a diabetic, do not take your oral diabetes medication the day of your test. If you are insulin dependent, please contact the doctor who is treating you for diabetes regarding insulin adjustment needed.

Do you take medication to thin your blood?

Blood thinners need to be stopped before your exam. Our records show that you are taking _____ which will need to be held for _____ days before your exam. You will need to contact your prescribing physician to ensure the safety of stopping these medications. If for any reason you cannot stop your blood thinner as advised, please call our office at least a week in advance to discuss necessary changes for your test.

Pregnant or think you may be? Bowel cleansing products have not been researched/tested on pregnant women. Please discuss risks/benefits of this procedure with your OB/GYN physician.

Wear comfortable clothing the day of your test. You will change into a procedure gown during the procedure.

DO NOT WEAR JEWELRY as it may interfere with your procedure.

DO NOT WEAR LIPSTICK or other makeup.

BOWEL PREP INSTRUCTIONS

FOLLOW THESE DIRECTIONS:

ONE WEEK BEFORE YOUR TEST:

Go to the pharmacy and fill your prescription for the prep. Please call our office if you did not receive a prescription.

Arrange for a responsible adult over age 18 to come with you, remain during testing and drive you home. If this adult is not present and available to drive you home, your procedure will be cancelled and rescheduled.

1 DAY BEFORE YOUR TEST: (DATE) _____

Begin Clear Liquid Diet Only All Day (NO SOLID FOODS)

Water, clear broth or bouillon, coffee or tea (without milk or non-dairy creamer), Gatorade, Pedialyte, carbonated and noncarbonated soft drinks, Kool-aid or other fruit drinks, strained fruit juices (no pulp), jell-o, popsicles, and hard candy.

****No red or purple liquids.**

***Drink at least 8 glasses of water throughout the day.**

***GENERIC PEG 3350 BOWEL PREP INSTRUCTIONS:**

Add lukewarm drinking water to the top line of the container. Mix to dissolve. You may mix the solution ahead of time and refrigerate prior to drinking. The solution, once mixed, **must be used within 24 hours.**

At 6:00 p.m. on the day before your procedure:

Every 15-20 minutes drink 8 oz. solution until half of the container is complete. You may continue with a clear liquid diet but must drink 16 oz. of clear liquids after taking prep solution.

DAY OF TEST: Date: _____ At _____ (Six hours before your appointment time)

Drink the remainder of the container (8 oz. every 15 minutes). Continue with clear liquid diet but must drink at least 16 oz. of clear liquids after taking prep solution.

May have clear liquids until 4 hours prior to your test. Anesthesia requires a strict 4 hours NPO which means no gum chewing, candy, dipping, or intake of clear liquids.

DO NOT DRINK ANYTHING AFTER _____ on _____ UNTIL AFTER PROCEDURE IS COMPLETED.