



Dear Patients:

IT IS THE PATIENT'S RESPONSIBILITY TO UNDERSTAND AND FOLLOW  
THE GUIDELINES OF THEIR INSURANCE PLANS.

We will make every effort to obtain authorization or referral from your primary care physician, however, you must be aware of your insurance benefits. Please contact the number on the back of your insurance card for coverage information, out of pocket estimates, and general questions about your healthcare coverage.

A screening colonoscopy may be a covered benefit under your plan; however, if ANY medical condition is found (ex: diverticular disease, polyps, ect.), your benefits will revert to the medical aspect of your plan and you would be responsible for any copays or deductibles. Legally, we cannot and will not re-bill any claims to the insurance company after the procedure has been done.

#### "NO SHOW" POLICY

We ask that you please call us at least 72 hours in advance to cancel your procedure. Patients who fail to cancel or call will be subject to a \$50 "NO SHOW" fee. This fee will be charged directly to the patient.

SOUTH OAKLAND GASTROENTEROLOGY ASSOCIATES, P.C.

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHEDULER: \_\_\_\_\_

PROCEDURE:

COLONOSCOPY

EGD

LIVER BIOSPY

ERCP

SBE

OTHER: \_\_\_\_\_

SCHEDULED AT:

BEAUMONT FARMINGTON  
28080 GRANDRIVER AVE, DOOR #3  
FARMINGTON HILLS, MI 48336

LAKES MEDICAL CENTER  
2300 HAGGERTY ROAD, SUITE 1000  
WEST BLOOMFIELD, MI 48323

HURON VALLEY HOSPITAL  
1 WILLIAMS CARLS DRIVE  
COMMERCE, MI 48382

The Endoscopy Dept. at your facility will call you after 1pm the afternoon before your procedure to give you your arrival time. If you are unable to answer they will leave you a voicemail. Anesthesia pre-screening will also call you 3-5 business days prior to your scheduled procedure to confirm medical history for the anesthesiologist, the facility will leave a message if you are unable to answer. However, this call is mandatory and therefore must be completed prior to your procedure date, failure to complete this may result in cancelation by the facility. The only exception to this is if your procedure is at the Lakes Medical Center, they will send confirmation via text/email. If not confirmed electronically, will call 1-2 days prior.

Please refer to Bowel Prep instruction page on how to properly prep for your upcoming procedure. If you have any questions or concerns regarding your assigned prep, please contact your scheduler to discuss prep options.

**\*\*\*YOU MUST HAVE A DRIVER FOR YOUR PROCEDURE\*\*\***

Transportation does NOT include cab, uber, lyft, bus, taxi, shuttle service, ect!  
Your procedure will be cancelled if you do not have a driver. Due to the pandemic your driver does not have to stay with you during your procedure but must be there for your discharge.

Reminder:

- NO ASPRIN OR IBPROFEN SEVEN DAYS BEFORE YOUR PROCEDURE UNLESS ADVISED BY PRESCRIBING PHYSICIAN.
- TYLENOL IS OK
- BLOOD THINNERS WILL NEED TO BE HELD PRIOR TO YOUR PROCEDURE, PLEASE CONTACT YOUR PRESCRIBING DOCTOR FOR CLEARANCE. OUR OFFICE CAN NOT ADVISE ON WHEN TO HOLD BLOOD THINNERS, THIS MUST COME FROM PRESCRIBING DOCTOR. DO NOT TAKE YOURSELF OFF ANY BLOOD THINNERS UNLESS YOU HEAR FROM OUR OFFICE OR YOUR CARDIOLOGIST.
- NO IRON SUPPLIMENTS OR MULTIVITIMINS CONTAINING IRON THREE DAYS PRIOR TO YOUR EXAM.

\*\*\*\*\*Anesthesia Prescreening will review all other medication during medical history confirmation call 3-5 business days before your procedure and go over how and when to take your medications the day before and morning of your procedure.

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ALL JEWELRY, CASH, CREDIT CARDS, AND CELL PHONES MUST BE LEFT AT HOME- AND DO NOT WEAR YOUR CONTACT LENSES ON THIS DAY! BE SURE TO BRING YOUR ID AND INSURANCE CARDS.

ANY QUESTIONS OR CONCERNS PLEASE CALL: (248) 516-3778.  
CLEARANCE FORM MUST BE FAXED TO: (248) 426-7350

OFFICE HOURS: MONDAY-THURDAY 8:00AM - 5:00 PM, FRIDAY 8AM-4PM. PLEASE BE AWARE HOLIDAYS MAY EFFECT THESE TIMES.  
AFTER HOURS, PLEASE CALL THE MAIN OFFICE (248)579-9220.

**BOWEL PREP: GATORADE MIRALAX SPLIT DOSING PREP**

PLEASE READ THE PREP INSTRUCTIONS, FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN REPEAT PREP AND EXAMINATION.

\*\*\* IF YOU HAVE A HISTORY OF RENAL/KIDNEY DISEASE OR FAILURE PLEASE CONTACT OUR OFFICE (248)579-4248, TO DISCUSS OTHER PREP OPTIONS. \*\*\*

ALL PREP ITEMS ARE OVER THE COUNTER! **NO PRESCRIPTION IS NEEDED.**

THINGS TO PICK UP:

- (1) 8.3 OZ BOTTLE OF MIRALAX OR (2) 4.1 OZ BOTTLES OF MIRALAX
- 4 DUCOLAX LAXATIVE TABLET ORAL, (DO NOT GET THE STOOL SOFTENERS)
- 4 GAS-X TABLETS (OPTIONAL, RECOMMENDED BUT NOT MANDATORY)
- 64 OZ OF A SPORTS DRINK, NO REDS NO PURPLES! (AKA GATORADE, POWERAID, OR PROPEL)

ONE DAY BEFORE YOUR PROCEDURE: DATE: \_\_\_\_\_

CLEAR LIQUID DIET FOR BREAKFAST, LUNCH, AND DINNER. NO SOILID FOOD, MILK, OR MILK PRDCTS ALLOWED. CLEAR LIQUIDS INCLUDE ALL OF THE FOLLOWING THAT ARE NOT RED OR PURPLE IN COLOR; STRAINED FRUIT JUICES WITHOUT PULP, JELLO, POPSICLES, WATER, CLEAR CHICKEN BROTH OR BOUILLON, BLACK COFFEE OR TEA, CLEAR CARBONATED DRINKS SUCH AS SPRITE, VERNORS, 7UP, SLICE, ORANGE POP, KOOL-AID ARE OK (NO COKE OR PEPSI). NO ALCOHOLIC BEVERAGES.

- AT 3PM TAKE 2 DULCOLAX TABLET
- AT 5PM MIX HALF OF THE MIRALAX (4.1 OZ) WITH 32 OZ OF THE SPORTS DRINK. SIP ON AN 8 OZ GLASS EVERY 10-15 MIN UNTIL GONE.
- AT 8PM TAKE 2 MORE DUCOLAX TABLETS

NOTHING TO EAT OR DRINK AFTER MIDNIGHT OUTSIDE OF THE REMAINING PREP, IF YOU HAVE BEEN GIVEN PREMISSION TO TAKE MEDICATIONS THE MORNING OF, A SMALL AMOUNT OF WATER IS OKAY.

\*THE HOSPITAL WILL CALL YOU SOMETIME AFTER 1PM THE DAY BEFORE THE EXAM TO LET YOU KNOW THE EXACT TIME YOU NEED TO ARRIVE. THERE IS A SPACE ON THE CHECKLIST LOCATED ON THE NEXT PAGE FOR YOU TO WRITE THIS DOWN.

THE DAY OF THE EXAM: DATE: \_\_\_\_\_

4 HOURS PRIOR TO YOUR ARRIVAL TIME TAKE 2 GAS X TABLETS (OPTIONAL) AND DRINK THE OTHER HALF OF THE MIRALAX (4.1 OZ) MIXED WITH 32 OZ OF SPORTS DRINK, AGAIN SIP ON AN 8OZ GLASS EVERY 10-15MIN UNTIL GONE. WHEN YOU ARE FINISHED WITH THE MIRALAX TAKE TWO MORE GAS X TABLETS (OPTIONAL).

CHECK LIST FOR YOUR PREP:

PLEASE USE THIS TO HELP GUIDE YOU THROUGH YOUR PREP, CHECK OFF AS YOU COMPLETE

HAVE YOU PICKED UP:

- \_\_\_\_\_ (1) 8.3 OZ BOTTLE OF MIRALAX OR (2) 4.1 OZ BOTTLES OF MIRALAX
- \_\_\_\_\_ 4 DUCOLAX LAXATIVE TABLETS
- \_\_\_\_\_ 4 GAS X TABLETS (OPTIONAL)
- \_\_\_\_\_ 64 OZ OF A SPORTS DRINK

ONE DAY BEFORE:

- \_\_\_\_\_ 3PM 2 DUCOLAX LAXATIVE TABLETS
- \_\_\_\_\_ 5PM 32 OZ OF SPORTS DRINK MIXED WITH 4.1 OZ OF MIRALAX.
- \_\_\_\_\_ 8PM 2 DUCOLAX LAXATIVE TABLETS

DAY OF PROCEDURE:                      PLEASE WRITE YOUR ARRIVAL TIME: \_\_\_\_\_

- \_\_\_\_\_ 4 HOURS PRIOR TO YOUR ARRIVAL TIME TAKE 2 GAS X TABLET (OPTIONAL)
- \_\_\_\_\_ 4 HOURS PRIOR TO YOUR ARRIVAL TIME 32 OZ OF SPORTS DRINK MIXED WITH 4.1 OZ OF MIRALAX.
- \_\_\_\_\_ 2 GAS X AFTER YOU'VE FINISHED YOUR MIRALAX DRINK (OPTIONAL)

PLEASE BRING YOUR DRIVERS LICENSE OR PHOTO ID, INSURANCE CARDS, AND COVID VACCINE CARD IF AVAILABLE WITH YOU TO YOUR SCHEDULED PROCEDURE.



OF COURSE, ANY QUESTIONS OR CONCERNS PLEASE CONTACT YOUR SCHEDULER AT: (248)-516-3778.