



YOU MUST BE ON A CLEAR LIQUID DIET THE DAY BEFORE UNTIL AFTER YOUR PROCEDURE. DO NOT EAT! DO NOT FOLLOW PREP KIT INSTRUCTIONS. YOU MUST FOLLOW THE INSTRUCTIONS DIRECTED BY THE OFFICE AT THE TIME OF VISIT!

Colonoscopy Instructions

Your colonoscopy is scheduled on _____. Please **arrive at the James G. Barrett Building: Endoscopy Suite located on the second floor (Suite 205)**, Please arrive at: _____ *****ARRIVAL TIMES ALWAYS SUBJECT TO CHANGE*****

If you have questions or concerns regarding your procedure and/or instructions, please call our office at (410) 629-1450.

INSTRUCTIONS FOR COLONOSCOPY:

1. If bloodwork is necessary prior to the procedure, we will advise you during your visit at the office.
2. _____ **STOP** aspirin, iron, Plavix, Coumadin, NSAID (Aspirin, Celebrex, Ibuprofen, Ketorolac, Naproxen, Aleve, etc.) type arthritis medicine, and **blood thinners ___ days prior to the procedure. You may continue to use Tylenol during this period. All other medicines should be continued.**
3. _____ **clear liquid diet is necessary the day before your colonoscopy. Clear liquids include: Bouillon, Jell-O, soft drinks, sherbet, juice (no red, purple or thick liquids/milky/creamy liquid), black coffee/tea, ice pops, sorbet, Coke/Pepsi, any soda (not red) and diet soda, Gatorade.**
4. If you take insulin, blood pressure or heart medicines, the office will notify you whether these should be taken the morning of your test with **a sip of water. No medications except what is listed morning of procedure.**

5. **YOU MUST MAKE ARRANGEMENTS FOR A RESPONSIBLE PERSON TO DRIVE YOU HOME. YOU MAY NOT USE AN UBER OR CAB UNLESS YOU HAVE SOMEONE WITH YOU THAT IS AT LEAST 18 YEARS OLD.**
6. **PLEASE BRING ID, INSURANCE CARDS AND, IF VACCINATED FOR COVID, THE VACCINE CARD OR PICTURE ON YOUR PHONE.**
7. **IF YOU NEED TO CANCEL OR RE-SCHEDULE PLEASE TRY TO GIVE 7 DAYS NOTICE IF AT ALL POSSIBLE.**
8. **IF YOU HAVE ANY MEDICAL ISSUES THAT ARISE ONCE PROCEDURE HAS BEEN SCHEDULED PLEASE CONTACT SURGERY SCHEDULER IMMEDIATELY TO DETERMINE IF IT NEEDS TO BE RE-SCHEDULED.**
9. **PLEASE CALL NINA AT ATLANTIC GENERAL GASTROENTEROLOGY IF YOU HAVE ANY QUESTIONS: (410) 629 – 1450.**

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