



ADVANCED GASTROENTEROLOGICAL ASSOCIATES

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COLONOSCOPY CONSENT

Date of Procedure: _____ **Time:** _____ **Arrival time:** _____

Location: _____ **Celebration Outpatient Center-** 410 Celebration Pl. Suite 408 Celebration, FL 34747
_____ **Celebration Hospital** (main lobby entrance)- 400 Celebration Pl. Celebration, FL 34747
_____ **Osceola Regional Medical Center** (main lobby entrance)- 700 W. Oak St. Kissimmee, FL 34741
_____ **Kissimmee Surgery Center-** 2275 N. Central Ave. Kissimmee, FL 34741

Bowel prep ordered: Suprep _____ Golytely _____ Magnesium Citrate _____ Prepopik _____ Osmoprep _____ Moviprep _____

- Please arrive approximately one-two hours prior to your scheduled time.
- Procedure time may change depending on schedule accommodations. The facility staff will call you and confirm any changes made to your scheduled time.
- The facility staff may call you prior to the procedure to get medical information from you.
- You must be accompanied by someone that will be able to drive you back home.
- Please disclose all prescription and nonprescription medication you are taking prior to the procedure.
- Certain medications increase the risk of bleeding or make it difficult for bleeding to stop if it occurs.
- You must stop taking blood-thinners, aspirin and aspirin-like medications also known as Non Steroidal Anti-inflammatory Drugs (NSAIDS) seven days prior to the procedure unless otherwise specified. (i.e. Effient, Xarelto, Bayer, Aleve, Advil, Celebrex, Ibuprofen, Excedrin, Naproxen, Motrin, Midol, Meloxicam, Lortab, Vitamin E, Fish oil, etc.)
- If you have ANY questions about your medications please contact the office.
- You must stop taking ticlodipine (Ticlid) and clopidogrel (Plavix) seven days prior to the procedure unless otherwise specified.
- You must stop taking Warfarin sodium (Coumadin) and Pradaxa three days prior to the procedure unless otherwise specified.
- If you have diabetes mellitus and you are using oral hypoglycemic agents or insulin, you should not take it on the day of the procedure until further orders.
- If you have hypertension (high blood pressure) you should take your antihypertensive medication with minimal water.
- All day prior to the colonoscopy you can only consume **clear liquid diet** (unless different diet is specified by the doctor). A clear liquid diet guide will be attached to this consent and provided to you, if not, please call the office to request one.
- Do not eat or drink anything after midnight unless otherwise specified.
- Please follow the cleansing method given to you attached to these instructions.

If you wish to cancel or re-schedule, please inform DR. ANWER'S OFFICE 48 hours prior to the procedure via email (backoffice@anweraga.com) or telephone 407-566-0700 ext. 204) to avoid a \$50.00 late cancellation fee. If your preparation for the procedure is poor the procedure may need to be cancelled. The hospital/facility may still bill/charge you for the service. Physician's fee is separate from the hospital/facility fee.

***I have read and understood the above instructions and I have received the preparation and clear liquid diet instructions.**

Print Name: _____ **Signature:** _____ **Date:** _____