



ADVANCED GASTROENTEROLOGICAL ASSOCIATES

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COLONOSCOPY CONSENT

Date of Procedure: _____ **Time:** _____ **Dr. M. Badar Anwer** _____ **M. Aftab Anwar, MD** _____

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 it if 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, 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), Pradaxa, Eliquis three days prior to the procedure unless otherwise specified. Cardiology clearance may be necessary.
- 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.

Your follow up appointment is scheduled for: _____

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:** _____