You must call our office to confirm your appointment 48 business hours prior to your procedure at 903-526-3030. If you do not call to cancel within 48 business hours, you will be charged a \$325 no show fee. Monday appointments must be canceled by Thursday.

## **GO-LYTELY PREP**

Beginning 48 hours prior to your procedure, you may have clear liquids ONLY. Clear liquids include beef or chicken broth, Jello (NO RED), coffee (NO CREAMER), tea, sodas, apple juice, Popsicle, and water.

You may not have tomato or orange juice, any dairy products, or anything containing red dyes.

- 1. At 5:00pm **TWO DAYS** prior to your procedure, drink the first Go-lytely prep according to the instructions included with the bowel prep from your pharmacy.
- 2. At 5:00pm **THE DAY BEFORE** your procedure, drink the second Go-lytely prep according to the instructions included with the bowel prep from your pharmacy.
- 3. THE MORNING OF your procedure, use TWO Fleet enemas according to the package directions.
- 4. You may have clear liquids up until 6 hours prior to your procedure. YOU MAY NOT HAVE ANYTHING AFTER THIS TIME
- 5. DO NOT USE TOBACCO/NICOTINE PRODUCTS OF ANY KIND FOR 8 HOURS PRIOR TO YOUR PROCEDURE. THIS INCLUDES MARIJUANA OR ANY OTHER ILLEGAL DRUGS.

You may take any medications that are not listed below. You may also take Tylenol or extra strength Tylenol. All medications listed below should be stopped 5 days prior to your procedure:

Aspirin	Plavix	Aggrenox	Ecotrin	Relafen	Dicumarol	Agrylin	Flalan
Trental	Ticlid	Aggrostat	Ibuprofen	Advil	Excedrin	Bextra	Motrin
Feldene	Aleve	Naproxyn	Celebrex	Vioxx	Mobic	Orudis	Voltaren
Lodine	Nalfon	Ansaid	Anacin	Naprosyn	Oruvail	Toradol	Doan's
Meclamen	Persantine	Daypro	Clinoril	Tolectin	Vitamin E	Pletal	Coumadin
Warfarin	Salsalate	Pradaxa	Xarelto	Dipryridamole	Tylenol Arthritis Any other "blood thinner"		

\*\*\*\*\*\* If taking **PHENTERMINE** this must be stopped **14 days** prior to this procedure \*\*\*\*\*\*\*\*

\*\*\*\*\*\*\* If taking a semaglutide this MUST be stopped 7 day or more prior to your procedure \*\*\*\*\*\*\*

OZEMPIC RYBELSUS WEGOVY SAXENDA MOUNJARO TRULICITY BYETTA VICTOZA

Procedure Date/Check In	Гіme:	
Olympic Plaza 2 <sup>nd</sup> Floor	YOUR UPFRONT COST FOR DR FANOUS IS \$	_

Olympic Plaza 2<sup>nd</sup> Floor Digestive Disease Center 700 Olympic Plaza

YOUR UPFRONT COST FOR DR FANOUS IS \$

MUST BE PAID BY \_\_\_\_\_\_ IF NOT PAID BY THIS

DATE YOU WILL AUTOMATICALLY BE REMOVED FROM THE

SCHEDULE.

You may also receive a bill after your procedure THIS PRICE DOES NOT INCLUDE HOSPITAL OR ANESTHESIA CHARGES

YOU MUST HAVE SOMEONE HERE WHEN YOU ARE DISCHARGED TO DRIVE YOU HOME.

\*\*\*\* THIS DOES NOT INCLUDE A TAXI.\*\*\*\*

If you have any questions, please feel free to call 903-526-3030 OPTION 1