

T.M. KALRA, M.D.
A Professional Corporation

Flexible Sigmoidoscopy Preparation

***DO NOT TAKE ASPIRIN OR PRODUCTS CONTAINING ASPIRIN (ADVIL, ALEVE, IBUPROFEN) FOR ONE WEEK PRIOR TO YOUR PROCEDURE. NO INTAKE OF BLOOD THINNERS LIKE COUMADIN OR PLAVIX ETC. FOR 5 DAYS BEFORE THE PROCEDURE.

THE ONLY APPROVED PAIN RELIEVER IS TYLENOL.

DAY PRIOR TO PROCEDURE:

1. At Noon, begin clear liquid diet. (For a list of acceptable and not acceptable clear liquids, please refer to page 2.)

**Failure to maintain a clear liquid diet may result in an unsuccessful procedure.*

2. Continue a clear liquid diet throughout the day. (Refer to page 2 for acceptable liquids.)

5. **DO NOT EAT, DRINK, SMOKE, OR CHEW ANYTHING AFTER MIDNIGHT, ON THE NIGHT BEFORE YOUR PROCEDURE.**

MORNING OF THE PROCEDURE

1. Essential medications may be taken with a small sip of water on the morning of your procedure.

2. Report to Outpatient Registration @ _____ on _____ at _____

3. Use 2 over-the-counter Fleets Enemas 1 HOUR before leaving for the hospital.

KEEP YOUR APPOINTMENT! A CANCELLED OR NO-SHOW PROCEDURE APPOINTMENT WITHOUT A 72 HOUR BUSINESS DAY NOTICE WILL RESULT IN A \$200 CHARGE, AS STATED IN OUR CANCELLATION POLICY.

PATIENT SIGNATURE

** By signing, you are acknowledging that you have received your procedure instructions and agree to the terms of our cancellation policy.*

CLEAR LIQUID DIET

THIS DIET PROVIDES FLUIDS THAT LEAVE LITTLE RESIDUE AND ARE EASILY ABSORBED WITH MINIMAL DIGESTIVE ACTIVITY. THIS DIET IS INADEQUATE IN ALL ESSENTIAL NUTRIENTS AND IS RECOMMENDED ONLY IF CLEAR LIQUIDS ARE TEMPORARILY NEEDED.

****DO NOT CONSUME ANY ORANGE, RED, OR PURPLE LIQUIDS****

<u>FOOD GROUP</u>	<u>FOODS ALLOWED</u>	<u>FOODS TO AVOID</u>
MILK & BEVERAGES	TEA (DECAF. OR REG.) CARBONATED BEVERAGES (SPRITE, 7-UP, COKE, PEPSI) GATORADE (YELLOW/GREEN) COFFEE (SUGAR ONLY)	MILK DRINKS
MEATS/MEAT SUBSTITUTES	NONE	ALL
VEGETABLES	NONE	ALL
FRUITS AND FRUIT JUICES	STRAINED FRUIT JUICE, APPLE, WHITE GRAPE, LEMONADE	JUICE THAT IS NOT STRAINED
GRAINS AND STARCHES	NONE	ALL
SOUPS	CLEAR BROTH, CONSOMME (VEGETABLE, CHICKEN, BEEF)	ALL OTHERS
DESSERTS	YELLOW/GREEN GELATIN, YELLOW/GREEN OR CLEAR POPSICLES	ALL OTHERS
FATS	NONE	ALL
MISCELLANEOUS	SUGAR, HONEY, SYRUP, CLEAR HARD CANDY, SALT	ALL OTHERS

*****MAKE SURE THAT YOU DRINK PLENTY OF WATER THE DAY OF THE PREP*****

*****YOU MAY CONSUME ANY OF THE APPROVED ALL DAY*****

ATTENTION: ALL PATIENTS

Please be advised when scheduling your outpatient procedures, that some insurance plans are now instating a facility deductible or co-payment for outpatient surgeries, regardless of whether or not your designated facility is in your network.

Please read your benefits book, or call your insurance company to acquire specific details about your coverage, so that you are not surprised by any fees on the day of your procedure, as these can be over \$1,000.00.

Please be advised that there are four (4) potential providers involved with your procedure:

1. Dr Kalra
2. Hoag Hospital OR Newport Beach Surgery Center
3. The pathology department at Hoag Hospital OR Newport Beach surgery Center
4. Anesthesia department of Hoag Hospital OR Newport Beach Surgery Center (*ONLY IF THIS APPLIES TO YOU.*)

Also note that you will need to refer your questions about cost estimates to your insurance company. Dr. Kalra's office cannot answer your questions regarding coverage and/or benefits. Dr. Kalra's staff only acquires authorization from your insurance company. They do not know any other information.

Thank you