

Albemarle Gastroenterology Assoc.
405 Hastings Lane
Elizabeth City, NC 27909

Keep pg 1,2,3,6&7

Page 1

Return 4&5 with a copy of your insurance cards please

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Dear Patient,

Please return this paperwork, we can save you an office visit. Once you return this paperwork we will set you up for the procedure. If you wish to have a pre -appointment please Call our office if you questions about the procedure please visit our website WWW.ALBEGASTRO.COM to watch the video, if you have further concerns or questions please make the pre procedure appointment.

Your Date of Birth _____

Please make a copy of your insurance cards (front and back) and return to us.

YOU KEEP PAGES 1, 2 AND 3, we need (insurance and vaccination cards) and Vaccination card AND SEND US PAGES 4 AND 5 WITH THE COPY OF YOUR INSURANCE CARDS & LIST OF MEDICATIONS YOU CURRENTLY ARE TAKING. WE NEED YOUR INSURANCE CARDS BEFORE BEING SCHEDULED AS TRICARE NEEDS AUTHORIZAITONS AND OTHER COMMECIAL CARRIERS MAY REQUIRE AUTHORIZATIONS OR REFERRALS FIRST

-
If you meet certain criteria, and if you fill out and return the 2 pages marked (return to us) within 3- 5 days time. We can possibly save you a pre-procedure visit and set you up for "open access" for your routine procedure. (Colonoscopy/EGD)

Please fill out the top form and return it to our office within the next 5 days. **Attention to Open Access** They will review the information and call you to set up your procedure, saving you the pre -procedure appointment.

IF YOU HAVE ANY SERIOUS MEDICAL ISSUES PLEASE WRITE THEM ON TOP OF PAGE 4

We have included a sheet for preparation instructions that will be followed the day before the procedure,

IMPORTANT stop all Nsaids and blood thinners 5 days before your scheduled procedure appointment, and please call and check with your primary/cardio physician before stopping any medications. **You must have a driver the day of the procedure.**

There may be charges associated with a facility fee, the physician charge and charges for biopsies (LabCorp) we only use Lab Corp, Other associated charges are Anesthesia, if you have questions about these call your insurance company with the codes of 45378-45385 for colonoscopes and 43239 + 43250 for EGDs. Your insurance will share information with you about coverage. Also we give you an approximate time, you may have to wait several hours, past the schedule time, as we cannot gauge how long each procedure will take, some take much longer than others, So please be patient, we will give you the same care and will not rush any procedure. For the safety of the patient, we will not compromise safety, to remain on time.If you have any Questions please don't hesitate to call. (252)-335-5588 Check our website if you need more information or prep instructions WWW.ALBEGASTRO.COM

Thank you, Dr. Faber's Scheduling Staff

Colonoscopy preparation instructions

Miralax Prep

Name _____

Stop blood thinners!! Drink Clear liquids the day before the procedure.

Please purchase these items from the pharmacy all are over the counter

- 1. Dulcolax laxative tablets (5 mg each) (you will need 4 of these)**
- 2. 238 g bottle of Miralax -(one Bottle) (we can also call this in for those with insurance)**
- 3. 64 OZ to 1 Gallon of Gatorade any color except red or purple, or other clear liquid. (not red,not purple)**

Optional items include: Plain or aloe baby wipes, desitin, or A&D ointment. (prevents sore bottom)

(On the day before your procedure do not eat any solid foods!!!

A light dinner 2 days before the procedure, no food the day before the procedure,

You will have a clear liquids only and nothing to eat ALL DAY--

DRINK as much as you can - It helps flush your system.

- Soups **chicken broth**, clear broth or consommé.
- Sports drinks: **Gatorade**, Powerade, Propel,water, anything clearnot carbonated
- Juice : white cranbury, white grape, apple, limeaid or strained lemonade (no pulp)
- Desserts: Italian ice, popsicles, jello (light colors no red or purple)
- No coffee, tea, cola or no dairy, no milk products. *No Gum

DO NOT START THE LAXITVE PART OF THIS PREP EARLY - YOU NEED THE CLEAR LIQUIDS TO HELP FLUSH OUT THE SOLID FOODS IN YOUR SYSTEM AND HYDRATION.

Start at approx 4pm BUT NOT SOONER, YOU NEED CLEAR LIQUIDS FOR HYDRATION.

4:00 PM take four ducolax laxative tablets (20 mg total) with 6 oz liquid

Mix entire container of Miralax with 64 ounces of Gatorade,apple juice or other clear liquid and refrigerate.

5:00PM begin drinking the Miralax/liquid mixture. 8 ounces, every 20-30 minutes, until half the container (32 ounces) is consumed. Refrigerate the other half.

Between 6 pm and 8pm begin drinking the other half of your miralax/liquid mixture, 8 ounces, every 20-30minutes, until all if it is consumed sip slowly finish all of it !!! Nothing after midnight and absolutely nothing 4 hours prior to your procedure.

On the day of the procedure do not eat any solid foods. !!!!

You should take your heart, blood pressure or medications on the day of your procedure as early as possible with small sips of water.

You must have someone with you to drive you home Taxis and busses are not acceptable, after your procedure (they should be prepared to stay here and wait for you) if you have any questions or are unable to keep your appointment please call the office. If you cancel your appointment with less than 48 hours notice, you will incur a charge of \$50.00. Co- payment is usually required by most insurance when the procedures are performed.

About Your Visit Time: All procedures vary in length. Some colons are harder to complete than others, due to these differences your procedure start time may need to be adjusted on the day of your procedure. Every effort will be made to keep your appointment at the scheduled time. Unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for their procedure. Allow approximately 3-5 hours ; start to finish for your procedure.

For FIVE days before the colonoscopy: No aspirin (or aspirin products), anti-inflammatory products (such as Advil, Motrin, Ibuprofen, Aleve,) or Iron. **Also Coumadin, (Warfarin), Plavix or other blood thinners should be stopped.** However if you take Aspirin, Plavix, Coumadin, or other blood thinners for a medical problem, please check with your physician to confirm that is safe to stop taking these medications prior to the examination.

* ASK PHYSICIAN IF YOU ARE UNSURE.

*****Tylenol may be used for pain relief during this time.

We will call in the miralax preparation to your pharmacy once we receive your returned paperwork and call you with the date of your procedure.

If you are pregnant, do not continue the prep, you will need to reschedule the test.

If you are a DIABETIC and take oral medication to control diabetes, please DO NOT take your medication on procedure day take it AFTER the procedure is completed. If you are DIABETIC and take insulin to control your diabetes, please check with your physician about your dose of insulin on the day of the preparation, and on the day of the procedure.***

If you usually take antibiotics prior to medical procedures, ask your doctor if you require them prior to colonoscopy. Please let us know if you have significant underlying medical problems. (cardiac, liver, kidney, pulmonary, etc.)

If you are not having clear to yellowish liquids exiting your bowels at the end of the preparation, to ensure that the bowels are clear, if you feel the preparation did not work and you are having dark stools or any materials other than watery yellow discharge please notify the doctor.

Your stool should be clear yellow or green watery consistency once you have finished the prep. Remember, to keep drinking water, and clear liquids to continue the bowel cleansing process and to prevent dehydration. Sips up to 4 hours before the procedure. But nothing at all including water 4 hours before the procedure.

If you feel the preparation is not working, notify the Endoscopy Department at 252-335-5588 .

Please Copy your insurance cards (front and back) and return to us.

EGD: Nothing to eat or drink after midnight, you will need a driver.

COLONOSCOPY: follow prep instructions: Nothing to eat or drink after midnight, you will need a driver.

Your Primary Physician _____ Phone_____

Fax_____

If military we NEED your SS# for billing purposes SS _____

MAKE SURE WE GET A COPY OF YOUR INSURANCE CARD

TRICARE AND MILITARY AND ANTHEM BLUE NEED AUTHORIZATIONS 1st.

VERIFY INSURANCE _____ **NAME** _____ **DOB** _____

Address , _____

Phone :CELL : _____ **PHARMACY** _____

ANY SERIOUS MEDICAL ISSUES?: _____ ALLERGIES _____

Reason for the procedure 1. Asymptomatic person age 50 or older 2. asymptomatic person at high risk. 3. personal history adenomatous polyps -most recent exam was date _____ 1. Reflux, 2. Heartburn, 3. Difficulty swallowing (office limit 250lbs) **Height** _____ **Weight** _____

Insurance : _____ **Please send us a copy of INS card front and back**

PLEASE VERIFY ALL YOUR PERSONAL INFORMATION IS CORRECT AND PROVIDE CELL NUMBER

Medical History: Check “yes” or “no” for each item below. If “yes” is selected for any of the items below, the patient may not be a good candidate for direct referral. Consult with a GI specialist

Questions	Yes	No	Notes:
Age 75 or older? Or over 300 lbs			If y –ov first
Under treatment for heart failure or valve-related concerns? Artificial heart valve?			
MI, CABG, Stent , Have a pacemaker or automatic implantable cardioverter defibrillator?			If y –cardiac clearance
Under treatment for kidney disease or Dialysis?			
Under treatment for emphysema? DIFFICULTY BREATHING or Sleep Apnea or Asthma ? on oxygen at home?			
On anti-platelet or anticoagulation medication (including over-the-counter medication such as aspirin) and cannot safely stop it for one week?			
Pregnant or possibly pregnant?			
Are you a Diabetic? insulin or Extendatide (<i>Byetta</i> ®) to avoid hypoglycemia while on clear liquid bowel preparation and during procedure			Request Advise on meds
Have a history of endocarditis, rheumatic fever, or intravascular prosthesis? Stroke?			
Have a history of severe heart, lung, kidney, liver disease,			
Have a history of difficulty with previous sedation/anesthesia?			
Requiring oxygen supplementation or causing high risk for sedation/anesthesia-related complications?			
Do you need a walker or wheelchair?			
Does the patient...	Yes	No	Notes:
Have heme (+) stool, hematochezia, or iron deficiency anemia?			
Have Inflammatory Bowel Disease (Ulcerative Colitis or Crohn’s Disease)?			
Under active treatment for a recent episode of diverticulitis?			
Have a history of difficult, incomplete, or poorly prepped colonoscopy?			

If you are having an EGD (Throat) answer the questions below			
heartburn?	YES	No	Notes
Problems Swallowing?			
Reflux?			
Epigastric Pain?			
Chest Pain?			
Allergies?			What :

Please list all medications and OTC supplements below Please note any other relevant medical/surgical history:(attach additional sheets as necessary): Please note any other relevant medical/surgical history:

Medication: _____ Dose: _____ Abdominal/pelvic surgery
 Medication: _____ Dose: _____ Abdominal/pelvic radiation

REVIEW OF SYSTEMS - CHECK THING YOU HAVE OR HAVE HAD RECENTLY

HEIGHT _____

WEIGHT _____

AGE _____

<p>General</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weakness <input type="checkbox"/> Fatigue Or <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Night Sweats <input type="checkbox"/> Fainting 	<p>Skin</p> <ul style="list-style-type: none"> <input type="checkbox"/> Color changes <input type="checkbox"/> Nail/Hair changes <input type="checkbox"/> Moles/ Rashes <input type="checkbox"/> Itching <input type="checkbox"/> Sores <input type="checkbox"/> Dryness 	<p>Head</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headaches <input type="checkbox"/> Injuries <input type="checkbox"/> Bumps <input type="checkbox"/> None 	<p>Eyes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blurred Vision <input type="checkbox"/> Glaucoma <input type="checkbox"/> Redness/burning <input type="checkbox"/> Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Pain <input type="checkbox"/> Dryness 	<p>Ears</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hard of Hearing/Deafness <input type="checkbox"/> Ringing <input type="checkbox"/> Earache <input type="checkbox"/> Itching <input type="checkbox"/> Loss of Balance /Dizziness 	
<p>Nose</p> <ul style="list-style-type: none"> <input type="checkbox"/> Decreased Smell <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Discharge <input type="checkbox"/> Obstruction <input type="checkbox"/> Post Nasal Drip <input type="checkbox"/> Deviated Septum <input type="checkbox"/> Runny Nose <input type="checkbox"/> Sinus Congest 	<p>Mouth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bleeding Gums <input type="checkbox"/> Sores <input type="checkbox"/> Dental Pain <input type="checkbox"/> Bad Breath <input type="checkbox"/> Loss of Taste <input type="checkbox"/> Dryness <input type="checkbox"/> Ulcers <input type="checkbox"/> Blisters <input type="checkbox"/> Bad Taste 	<p>Throat</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sore Throat <input type="checkbox"/> Bad Tonsils <input type="checkbox"/> Hoarseness <input type="checkbox"/> Pain <input type="checkbox"/> Hard to Swallow <input type="checkbox"/> Recurrent Infections <input type="checkbox"/> White Spots <input type="checkbox"/> Scratchy Voice 	<p>Neck</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enlargement <input type="checkbox"/> Stiffness <input type="checkbox"/> Soreness <input type="checkbox"/> Pain <input type="checkbox"/> Lumps <input type="checkbox"/> Masses 	<p>LIST CURRENT MEDS HERE</p> <ol style="list-style-type: none"> 1.. 2. 3. 4 5 	
<p>Lungs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cough <input type="checkbox"/> Phlegm <input type="checkbox"/> Coughed Blood <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Wheezing <input type="checkbox"/> Pain in Lungs <input type="checkbox"/> Chest Congestion <input type="checkbox"/> Inhalant Exposure 	<p>Heart</p> <ul style="list-style-type: none"> <input type="checkbox"/> Murmur <input type="checkbox"/> Palpitations <input type="checkbox"/> Rapid Heartbeat <input type="checkbox"/> Swollen Extremities <input type="checkbox"/> Cold Extremities <input type="checkbox"/> Tightness/Pressure <input type="checkbox"/> Chest Pains <input type="checkbox"/> Varicose veins <input type="checkbox"/> Blood Clots <input type="checkbox"/> Blue Extremities 	<p>Blood</p> <ul style="list-style-type: none"> <input type="checkbox"/> Broken Blood Vessels <input type="checkbox"/> Anemia <input type="checkbox"/> Easy Bruising <input type="checkbox"/> Prolonged Bleeding <input type="checkbox"/> Swollen Nodes <input type="checkbox"/> Painful Nodes <input type="checkbox"/> Red Dots/Spots 	<p>Genitourinary</p> <ul style="list-style-type: none"> <input type="checkbox"/> Urgency <input type="checkbox"/> Incontinence <input type="checkbox"/> Straining <input type="checkbox"/> Flank Pain <input type="checkbox"/> Frequency <input type="checkbox"/> Stones <input type="checkbox"/> Burning <input type="checkbox"/> Restricted Urinary Flow <input type="checkbox"/> Bloody <input type="checkbox"/> Bed Wetting 	<ul style="list-style-type: none"> <input type="checkbox"/> Small Stream <input type="checkbox"/> Urethral Discharge <input type="checkbox"/> Dribbling <input type="checkbox"/> Cloudy Urine <input type="checkbox"/> Unusual Color <input type="checkbox"/> Urination at Night <input type="checkbox"/> Hesitancy <input type="checkbox"/> Pain during Urination 	
<p>Gastrointestinal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abdominal Pain before Meals <input type="checkbox"/> Abdominal Pain with meals <input type="checkbox"/> Abdominal Pain after meals <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Bloating <input type="checkbox"/> Belching <input type="checkbox"/> Heartburn / Indigestion <input type="checkbox"/> Irregular Bowels <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rectal Pain <input type="checkbox"/> Bowel Movements wake you <input type="checkbox"/> Spasms 			<ul style="list-style-type: none"> <input type="checkbox"/> Urgency with bowel movement <input type="checkbox"/> Abdominal Pain relieved by BM <input type="checkbox"/> feeling of Incomplete evacuation <input type="checkbox"/> Gas <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Hernias <input type="checkbox"/> Poor Appetite <input type="checkbox"/> Food Intolerance <input type="checkbox"/> Bloody Stools <input type="checkbox"/> Black Tarry Stools <input type="checkbox"/> Rectal Bleeding <input type="checkbox"/> Sleeplessness 	<p>Musculoskeletal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain <input type="checkbox"/> Weakness <input type="checkbox"/> Cramps <input type="checkbox"/> Twitching <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Joint Pain <input type="checkbox"/> Joint Swelling <input type="checkbox"/> Joint Deformities <input type="checkbox"/> Injuries <input type="checkbox"/> Curvature of Spine <input type="checkbox"/> Back Pain <input type="checkbox"/> Hot joint 	<p>Neurological</p> <ul style="list-style-type: none"> <input type="checkbox"/> Seizures <input type="checkbox"/> Vertigo <input type="checkbox"/> Hand Trembling <input type="checkbox"/> Loss of Sensation <input type="checkbox"/> Loss of Facial Expressions <input type="checkbox"/> Weak Grip <input type="checkbox"/> Paralysis <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Loss of Memory <input type="checkbox"/> Lack of Concentration <input type="checkbox"/> Disorientation
<p>Psychiatric</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Insomnia / Irritability 			<ul style="list-style-type: none"> <input type="checkbox"/> Suicidal Thoughts <input type="checkbox"/> Worrying / Obsessivness 	<p>Endocrine</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weight Loss <input type="checkbox"/> Weight Gain 	<ul style="list-style-type: none"> <input type="checkbox"/> Loss of Hair <input type="checkbox"/> Voice Changes <input type="checkbox"/> Excessive Hair

<input type="checkbox"/> Anxiousness/Stress	<input type="checkbox"/> Mania/Depression	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Timid/Shy/bashful	<input type="checkbox"/> Sexual Difficulties	<input type="checkbox"/> Heat Intolerance	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Numbness	<input type="checkbox"/> Cold Intolerance	<input type="checkbox"/> Thirst
<input type="checkbox"/> Alcohol Abuse / Drug Use	<input type="checkbox"/> Panic Attacks compulsiveness	<input type="checkbox"/> Breast Changes	

HOLD MEDICATIONS OR YOU WILL BE TURNED AWAY AT HOSPITAL

All patients taking the listed medications need to hold their injections (or oral tablets) for 2weeks prior to any surgery or procedure, including endoscopies, due to delayed gastric emptying times and high risk for aspiration.

HOLD MEDICATIONS OR YOU WILL BE TURNED AWAY AT HOSPITAL

**** IF Diabetic CALLYOUR PRESCRIBING MD, to determine if bridging medications are needed.**

Alogliptin (Nesina) -Hold 14 days	
Canagliflozin/metformin (Invokamet®) <u>3 days</u>	
Canagliflozin/metformin XR (Invokamet® XR) <u>3 days</u>	
Dapagliflozin (Farxiga®) <u>3 days</u>	
Janumet (sitagliptin and metformin) -Hold 14 days	
Saxagliptin (Onglyza) -Hold 14 days	
Semaglutide (Rybelsus) Hold 3 days	
Sitagliptin (Januvia) -Hold 14 days	
Xutolphy (insulin degludec and liraglutide) -Hold 14 days	
Elliquist- hold 3 days	
Canagliflozin (Invokana®) <u>3 days</u>	
Coumadin- hold 7 days	
Dapagliflozin/metformin XR (Xigduo®) <u>3 days</u>	
Dapagliflozin/saxagliptin (Qtern®) <u>3 days</u>	
Dapagliflozin/saxagliptin/metformin (Qternmet® XR) <u>3 days</u>	
Dulaglutide (Trulicity) -Hold 14 days	
Empagliflozin (Jardiance®) <u>3 days</u>	
Empagliflozin/linagliptin (Glyxambi®) <u>3 days</u>	
Empagliflozin/linagliptin/metformin XR (Trijardy® XR) <u>3 days</u>	
Empagliflozin/metformin (Synjardy®) <u>3 days</u>	
Empagliflozin/metformin XR (Synjardy® XR) <u>3 days</u>	
Ertugliflozin (Steglatro™) <u>4 days</u>	
Ertugliflozin/metformin (Segluromet™) <u>4 days</u>	
Ertugliflozin/sitagliptin (Steglujan™) <u>4 days</u>	
Exenatide (Byetta) -Hold 14 days	
Exenatide extended release (Bydureon BCise) -Hold 14 days	

Gardian- hold 3 days		
Jentaduetto (linagliptin and metformin) -Hold 14 days		
Juvisync (sinagliptin and simvastatin) -Hold 14 days		
Linagliptin (Tradjenta) -Hold 14 days		
Liraglutide (Victoza, Saxenda) --Hold 14 days		
Lixisenatide (Adlyxin) -Hold 14 days		
Plavix- hold 7 days		
Pletal---hold 7 days before procedure		
Prodaxa- hold 4 days		
Brilinta- hold 5 days		
Semaglutide (Ozempic, Wegovy) -Hold 14 days		
Soliqua (insulin glargine and lixisenatide) -Hold 14 days		
Tirzepatide (Mounjaro) -Hold 14 days		
Xutolphy (insulin degludec and liraglutide) Hold 1 Day		
Zerelto (xarelto)- hold 3 days		

Hold the Morning/ DAY of the procedure:

- Sitagliptin (Januvia) 14 days and morning of
- Linagliptin (Tradjenta) 14 days and morning of
- Saxagliptin (Onglyza) 14 days and morning of
- Alogliptin (Nesina) 14 days and morning of
- Janumet (sitagliptin and metformin) 14 days and morning of
- Jentaduetto (linagliptin and metformin) 14 days and morning of
- Juvisync (sinagliptin and simvastatin) 14 days and morning of

HOLD MEDICATIONS OR YOU WILL BE TURNED AWAY AT HOSPITAL

Thomas Geddings M.D., Pharm.D.

Director -Anesthesiology

Sentara Albemarle Medical Center (252)384-4145

ANY QUESTIONS REFER TO OUR WEBSITE -- **WWW.ALBEGASTRO.COM**

PATIENT EDUCATION TO WATCH VIDEOS ON HOW TO PREPARE,

ALSO TO DOWNLOAD A COPY OF THE PREP INSTRUCTIONS - IF MISPLACED.

AND YOU MAY DOWNLOAD THE OPEN ACCESS FORM