

PHYSICIANS ENDOSCOPY CENTER

3030 S GESSNER RD SUITE 150, HOUSTON, TX 77063

PHONE: 713-587-0909 EXT 605

FINANCIAL: 281-525-2296

Lone Star Anesthesia Associates

PLLC Billing Questions: 281-868-3518 (site specific line) 800-242-5080 (general line)

833-991-3951 (Fax)

Procedure Date: _____

Arrival Time: _____

The doctor fee of \$_____ is due in Dr. Manji's at the time of scheduling procedure. (Hospital and physician's fee are two separate charges.)

Patient Name: _____

Patient email address: _____

IF YOU NEED TO CANCEL OR RESCHEDULE YOUR PROCEDURE AFTER THE ORIGINAL DATE, PLEASE CONTACT THE OFFICE, via PHONE OR EMAIL

(kellyvelasco@drmanjimd.com) / 281-491-9300

There will be a charge of \$50 if cancelled/rescheduled 2 weeks prior to procedure date, anything after that, it will be \$25.

****DO NOT CONTACT THE FACILITY****

Please take your Ins Card & photo ID with you the day of your procedure.

You will need the day off from work and an adult driver to drive you home from the hospital. **NO UBER OR LYFT OR ANY RIDE SERVICES.** Expect to be at the facility for about 3 to 4 hours total time.

1 WEEK BEFORE THE PROCEDURE(S)

MAKE SURE TO PRE-REGISTER ONLINE AT WWW.PEC-TX.COM

Click on Pre-Register Online, click on "Medical Passport."

PLEASE KEEP IN MIND, THIS IS IMPORTANT BECAUSE THE DOCTOR AND FACILITY WILL NEED YOUR MEDICAL RECORDS AND MEDICATION. IF YOU HAVE NOT DONE IT AT LEAST 3 DAYS PRIOR TO YOUR PROCEDURE IT MAY BE CANCELLED!!!!

You will also need to make a 1-2-week follow-up appointment in the office with Dr. Manji to get your procedure results at 281-491-9300. We do not give results over the phone.

If you have valvular abnormalities of the Heart for example: Rheumatic Fever, Metal or Prosthetic Valve please notify Dr. Manji so that we can order antibiotics for you the day of your procedure. If you have a Mitral-Valve prolapse OR patients with joint replacements, you do not need antibiotics.

If you take any of the following diabetes injections, please stop 2 weeks prior to the procedure: Ozempic, Mounjaro, Trulicity, Rybelsus or Wegovy.

5 Days prior to your Colonoscopy

Please **STOP** taking any Iron Tablets, Fish Oil or Flaxseed Oil.
Also, if you take Blood Thinners: Examples: Coumadin, Plavix, Warfarin or Aspirin 325 mg those medications need to be stopped as well. **YOU MAY CONTINUE TO TAKE ASPIRIN 81mg.**

Colonoscopy Prep Instructions

2 Days Prior To Your Procedure – Nothing hard or Raw

Please **AVOID** all fibers, fruits, vegetables, seeds, nuts, and corn.

The Day Before Your Colonoscopy:

You need to be on a CLEAR LIQUID diet all day.

Please **AVOID** all fruits, vegetables, seeds, nuts, and corn. Stay away from grain products, meat, chicken, fish, tofu, oils, butter, margarine, cereal, and dairy products.

INSTRUCTIONS FOR PREP:

**MAKE SURE TO TAKE THE PRESCRIPTION TO THE PHARMACY AS SOON AS YOU GET IT!!
PURCHASE 1 BOX OF DULCOLAX TABLETS – (OVER THE COUNTER)**

5:00 p.m. – 1st dose (NIGHT BEFORE PROCEDURE)

Step 1: In the box, you will pour 1 bottle of Suprep into the 16 oz cup that's provided and add water until it reaches the top of the cup where it says, "fill line". Make sure to drink the ENTIRE prep.

Step 2: You must drink 2 more 16 oz of water or clear liquids over the next hour.

******IF YOU DO NOT UNDERSTAND THE INSTRUCTIONS, PLEASE SEE THE PICTURES ON THE BACK OF THE PREP BOX ******

Before Midnight 12:00 a.m.: IF YOU GO TO BED BETWEEN 9 PM AND 11 PM YOU MAY TAKE IT AT THAT TIME

Take 2 Dulcolax Tablets (this is the only time you will be taking the tablets)

1:00 a.m. - 2nd dose (MORNING OF PROCEDURE)

Repeat steps 1 and 2.

*****AFTER YOUR LAST PREP, DO NOT EAT OR DRINK ANYTHING, IF YOU ARE NOT CLEAN ENOUGH, THE PROCEDURE WILL BE CANCELLED*****

If you have a prescription for SuTabs or SuFlave, the times you are to take it will be the same as the Suprep. You will have the same outcome if you follow the instructions as directed. However, for the SuTabs, you are to swallow 1 tablet every 2 to 3 minutes. It should take you about 20 to 30 minutes to finish all 12 tablets along with the 16 ounces of water.

The Day of Your Colonoscopy:

If you take any **Heart, High Blood Pressure, or Diabetes** medication(s) in the morning, please take them the morning of your procedure with a sip of water. You may resume any other medications after your procedure.

PLEASE NOTE: DAY OF PROCEDURE NO CHEWING GUM, TOBACCO, MINTS, OR HARD CANDY.

2 DAYS BEFORE THE COLONOSCOPY

MILK AND DAIRY

ALLOWED

- MILK
- CREAM HOT CHOCOLATE
- BUTTERMILK
- CHEESE, INCLUDING COTTAGE CHEESE
- YOGURT
- SOUR CREAM

NO YOGURT MIXED WITH:

- NUTS, SEEDS, GRANOLA
- FRUIT WITH SKIN OR SEEDS (SUCH AS BERRIES)

BREAD AND GRAINS

ALLOWED

- BREADS AND GRAINS MADE WITH REFINED WHITE FLOUR (INCLUDING ROLLS, MUFFINS, BAGELS, PASTA)
- WHITE RICE
- PLAIN CRACKERS, SUCH AS SALTINES
- LOW-FIBER CEREAL (INCLUDING PUFFED RICE, CREAM OF WHEAT, CORN FLAKES)

NO WHOLE GRAINS OR HIGH-FIBER:

- BROWN OR WILD RICE
- WHOLE GRAIN BREAD, ROLLS PASTA OR CRACKERS
- WHOLE GRAIN OR HIGH-FIBER CEREAL (INCLUDING GRANOLA, RAISIN BRAN, OATMEAL)

MEAT

- CHICKEN
- TURKEY
- LAMB
- LEAN PORK
- VEAL
- FISH AND SEAFOOD
- EGGS
- TOFU
- NO TOUGH MEAT WITH GRISTLE

NOT ALLOWED

- DRIED PEAS (INCLUDING SPLIT OR BLACK-EYED)
- DRIED BEANS (INCLUDING KIDNEY, PINTO, GARBANZO/CHICKPEA)
- LENTILS

FRUITS

- FRUIT JUICE WITHOUT PULP
- APPLESAUCE
- RIPE CANTALOUPE AND HONEY DEW
- RIPE, PEELED APRICOTS AND PEACHES
- CANNED OR COOKED FRUIT WITHOUT SEEDS OR SKIN

NO SEEDS, SKIN, MEMBRANES: OR DRIED FRUIT.

- RAW FRUIT SEEDS, SKIN, OR MEMBERANES (INCLUDING BERRIES, PINEAPPLE, APPLES, ORANGES, WATERMELON)
- ANY COOKED OR CANNED FRUIT WITH SEEDS OR SKIN
- RAISINS OR OTHER DRIED FRUIT

VEGETABLES

ALLOWED – OK FOR SOME IF COOKED OR CANNED:

- CANNED OR COOKED VEGETABLES WITHOUT SKIN OR PEEL (INCLUDING PEELED CARROTS, MUSHROOMS, TURNIPS, ASPARAGUS TIPS)
- POTATOES WITHOUT SKIN
- CUCUMBERS WITHOUT SEEDS OR PEEL

NO RAW, SKIN, SEEDS, PEEL; OR CERTAIN OTHER VEGETABLES:

- CORN
- POTATOES WITH SKIN
- TOMATOES
- CUCUMBER WITH SEEDS AND PEEL
- COOKED CABBAGE OR BRUSSELS SPROUTS
- GREEN PEAS
- SUMMER AND WINTER SQUASH
- LIMA BEANS
- ONIONS

NUTS, NUTBUTTER, SEEDS

ALLOWE

- CREAMY (SMOOTH) PEANUT OR ALMOND BUTTER

NO NUTS OR SEEDS:

- NUTS INCLUDIN PEANUTS, ALMONDS, WALNUTS
- CHUNKY NUT BUTTER
- SEEDS SUCH AS FENNEL, SESAME, PUMPKIN,,SUNFLOWER

FAT AND OILS

ALLOWED

- BUTTER
- MARGARINE
- VEGETABLE AND OTHER OILS
- MAYONNAISE
- JELLY
- HONEY
- SYRUP
- LEMON JUICE

NOT ALLOWED

- COCONUT
- POPCORN
- JAM
- MARMALADE
- RELISHES
- PICKLES
- OLIVES STONE-GROUND MUSTARD

CLEAR LIQUID DIET DAY BEFORE COLONOSCOPY

ALLOWED

- Water
- Tea and black coffee without any milk, cream, or lightener
- Flavored water without red or purple dye
- Clear, light-colored juices such as apple, white grape, lemonade without pulp, and white cranberry.
- Clear broth including chicken, beef, or vegetables.
- Soda
- Sports drinks such as Gatorade and Propel (light colors only)
- Popsicles without fruit or cream; no red or purple dye
- Jell-O or other gelatin without fruit; no red or purple dye
- Boost Breeze Tropical Juice drink

NOT ALLOWED

- Alcoholic beverages
- Milk
- Smoothies
- Milkshakes
- Cream
- Orange juice
- Grapefruit juice
- Tomato juice
- Soup (other than clear broth)
- Cooked cereal
- Juice, Popsicles, or gelatins with red or purple dye