

# Preparation for Flexible Sigmoidoscopy – No Sedation

Name \_\_\_\_\_

Sigmoidoscopy \_\_\_\_\_

DAY

DATE

Arrival Time at Endoscopy Center \_\_\_\_\_ AM / PM

Procedure Time \_\_\_\_\_ AM / PM

## Prior to Preparation:

- ✓ Medication Adjustments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ✓ Do not take Aspirin, Ibuprofen, Advil, Aleve, Motrin, Excedrin and/or arthritis medications \_\_\_\_\_ day(s) before the study as these can thin your blood. You may take Tylenol. Other medication instructions may be given when we call you 1-3 days prior to the procedure.
- ✓ Please notify us of any medication or insurance changes as soon as possible.
- ✓ If you have any questions about your sigmoidoscopy you may call (717) 217-4312.
- ✓ **We require a 4 day notice to cancel or reschedule procedures. Failure to give this notice may result in a cancellation fee. Please call 263-0629 as soon as possible to make any scheduling changes.**

→ **WHAT TO PURCHASE** (No Prescription Required): Two (2) Fleet Enemas

→ **MORNING PROCEDURE?** → **FOLLOW THESE INSTRUCTIONS:**

- USE ONE (1) FLEET ENEMA AT BEDTIME AND ONE (1) FLEET ENEMA ONE HOUR BEFORE YOUR SCHEDULED APPOINTMENT.

→ **AFTERNOON PROCEDURE?** → **FOLLOW THESE INSTRUCTIONS:**

- USE ONE (1) FLEET ENEMA UPON AWAKENING THE DAY OF YOUR TEST AND ONE (1) FLEET ENEMA ONE HOUR BEFORE YOUR SCHEDULED APPOINTMENT.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE