

SIGMOIDOSCOPY

PATIENT INSTRUCTIONS

Patient: _____

Date of Procedure: _____

Check In Time: _____

Procedure Time: _____

Location: (Please select your location)

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Digestive Healthcare of Georgia
134 Mountainside Village Parkway,
Building 500, Jasper, GA 30143

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Piedmont Mountainside Hospital
1266 Highway 515 South,
Jasper, GA 30143

CANCELLATION POLICY

To avoid a **\$250** cancellation or no-show fee,
please cancel your procedure at least **72 hours** in advance.

PREPARATION INSTRUCTIONS

1 You will be with us for **2 1/2 - 3 hours**.

2 **Start a clear liquid diet the day before your procedure.**
You may have clear liquids only, such as water, broth, clear juices (apple, white grape),
plain coffee or tea, sports drinks, popsicles and Jell-O.
Nothing red or purple in color.

3 **Follow Prep Instructions in order to be completely cleaned out for procedure.**
At **8:00 AM**, mix solution by adding lukewarm water to the top line of the bottle.
Chill in the refrigerator.
At **5:30 PM**, drink half of the solution. Drink 8 ounces every 10 minutes until you
have drank half of the solution. You may discard the remaining half once complete.

4 **Nothing by mouth after midnight.**