

this 4 hour time frame.

## Birns, Gloger, Witten & Bhinder, MD

Patient Name:	
1	NSTRUCTIONS FOR FLEXIBLE SIGMOIDOSCOPY- UNDER SEDATION FLEETS ENEMA PREP
Date:	Time of Procedure:
Arrival Time:	with Dr
Location:	Urbana GI Endoscopy Center – 3280 Urbana Pike # 104 Phone Number 240-436-6440
	<b>GIEA-</b> 15005 Shady Grove Rd # 200 Phone Number 301-340-8099
	Shady Grove Adventist Hospital, Outpatient Surgery Center 9901 Medical Center Dr, Rockville, MD 20850 Phone Number 240-826-7541
	Frederick Memorial, Outpatient Surgery Center 400 W 7th St, Frederick, MD 21701 Phone Number 240-566-3300
	neone drive you home. If you plan to take a taxi home, you must have someone accompany you. You discharged ½ to 1 hour after your procedure is complete.
Please do not use ar type medications (so the three (3) days pr Aggrenox, consult v procedure. There may	ORE THE PROCEDURE  By aspirin or aspirin products one (1) week prior to you procedure. Nonsteroidal anti-inflammatory such as Ibuprofen, Relafen, Voltaren, Indocin, Vioxx, Celebrex, Advil) should be used sparingly during the rior to your procedure. Also, If you take Coumadin (warfarin) or Persantine (dipridamole), Plavix, or with your prescribing doctor about stopping these medications for three (3) days prior to your asy be other medications that should be discontinued, so be sure to consult your doctor with any other scription drugs you may be taking. You may take Tylenol if necessary.
YOU WILL NEED Two (2) Fleets Ene	ma (green and white box)
	DURE rocedure use one (1) Fleets Enema; please follow the directions on the box. hours before leaving for your appointment use the remaining Fleets Enema.
	tally fasting 4 hours before the procedure. This means you may have nothing to eat, drink, nours prior to the procedure.

To avoid the risk of a delay or a cancelled procedure, please be very careful to not eat, drink smoke or chew during