



45A Discovery Way, Acton MA 01720 | Phone: 978-429-2000 | Fax: 978-264-1935 | middlesexdigestive.com

COLONOSCOPY PREPARATION (Sutab)

*****PLEASE READ ENTIRE PACKET AT LEAST ONE WEEK PRIOR TO YOUR APPOINTMENT*****

Dear Patient,

If you are a new patient, you have received this paperwork in order to set up a procedure.

If you are an existing patient and have received this packet, you are due for a follow-up procedure.

*****Please look for an email or text with a link to input your personal and health information starting approx. Sept 2024- Please fill out at least 5 days prior to your procedure. *****

If your procedure is before that date or you prefer to fill out the attached forms, please complete and attach a copy of your ID and insurance card (front and back) and return these to the center as soon as possible.

PLEASE ALSO BRING YOUR INSURANCE CARD AND A VALID ID WITH YOU ON THE DAY OF YOUR PROCEDURE.

If your insurance requires a referral, please contact your primary care physician to obtain one. You may have a deductible, coinsurance, or copay for your procedure. Please contact your insurance company to review the coverage and costs of your procedure so you are aware of any potential additional expenses. Final determination of patient responsibility is determined when the claim is processed. For procedures, there is a facility fee, professional fee, a possible pathology fee which would be from Gastro Health, Greater Boston GI/Atrius Health, and an anesthesia fee from Greater Boston Anesthesia.

Please call if you have the following conditions (these may require additional instructions for safety):

- **Take an anticoagulant** (Coumadin/Warfarin/Eliquis/Xarelto/Brillenta), Plavix or Aspirin 325mg
- Had any **recent cardiology concerns and/or cardiac surgery**, cardiac stent placement within the last 12 months or have ever had a cardiac valve replacement and require antibiotics prior to medical procedures.
- Have **medication-dependent diabetes**. If you take a **GLP1 or SGLT2i medication for weight loss or diabetes** (Ozempic, Trulicity, Wegovy, Jardiance, Invokana etc.) see page 9 to avoid possible cancellation as you need to stop this medication prior to your procedure.
- Have a history of long QT syndrome, allergy to Zofran (ondansetron), or if you are taking Apokyn (contraindicated with Zofran)
- Have had a recent cold, cough, congestion or diagnosed with Covid-19 within the last 10 days.

Cancellation Policy: A 48-hour advanced notice is needed for cancellations. If you neglect to give 48-hour notice, a **\$150 fee** will be charged to cover administrative costs. After 2 missed appointments you will not be rescheduled.

Please arrange a ride home. Due to the effects of anesthesia, you cannot drive yourself home and cannot take a taxi, Uber/Lyft, etc. unless accompanied by a responsible adult. Your ride should be available at all times. The facility closes by 3:30pm so please ensure your ride can accommodate this.

Location: Middlesex Endoscopy Center, 45A Discovery Way Acton, MA 01720 Phone: 978-429-2000

If your procedure is booked at Emerson Hospital, please pre-register there at 978-287-3062.

Gastro Health | 45B Discovery Way, Acton MA 01720 | Phone: 978-429-2010 | Fax: 978-264-1936