

JEFFREY R. CRIST, M.D.
JUAN BENITEZ, M.D.
9330 PARK WEST BLVD. SUITE 506
KNOXVILLE, TN 37923

Phone: (865) 539-5372
Fax: (865) 539-5369

BOWEL PREPARATION INSTRUCTIONS FOR MORNING SCOPES (PLENVU)-DR BENITEZ
YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED COLONOSCOPY TO BE PERFORMED ON

_____ AT _____ ARRIVAL TIME _____

REPORT TO _____ PARKWEST HOSP (MAIN ENTRANCE) _____ FT. LOUDOUN HOSP (ER/REG DESK)
**** LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE ****

*******PRE-PROCEDURE INSTRUCTIONS: DO NOT EAT CORN, VEGETABLES, FRUITS, SEEDS, NUTS, POPCORN OR HIGH FIBER FOODS FOUR DAYS PRIOR TO YOUR EXAMINATION.**

****** DAY BEFORE *******

- BEGINNING ON _____ YOU MAY EAT YOUR USUAL BREAKFAST, BUT AFTER THIS, ONLY CLEAR LIQUIDS FOR LUNCH AND DINNER ARE ALLOWED.
- AT 4PM YOU WILL MIX YOUR **PLENVU**. EMPTY DOSE 1 (POUCH A) INTO CONTAINER WITH 16 OZ OF WATER AND SHAKE OR STIR UNTIL COMPLETELY DISSOLVED. (2-3 MINUTES) SLOWLY DRINK THE SOLUTION UNTIL FINISHED. DRINK THE ENTIRE DOSE WITHIN 30 MINUTES. REFILL THE CONTAINER WITH 16 OZ OF CLEAR LIQUID AND DRINK THIS WITHIN THE NEXT 30 MINUTES.
- AT 7PM EMPTY THE CONTENTS OF DOSE 2 (POUCH A AND B) WITH 16 OZ OF WATER AND SHAKE OR STIR UNTIL DISSOLVED. DRINK THE ENTIRE DOSE WITHIN 30 MINUTES. REFILL THE CONTAINER WITH 16 OZ OF CLEAR LIQUID AND DRINK THIS WITHIN 30 MINUTES.
- NOTHING TO EAT OR DRINK AFTER 10 PM.

DO NOT EAT OR DRINK ANYTHING ON THE MORNING OF YOUR EXAMINATION. IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU TAKE INSULIN FOR DIABETES, TAKE ½ YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY OF YOUR PROCEDURE.

- DISCONTINUE IRON SUPPLEMENTS AT LEAST 5 DAYS PRIOR TO YOUR PROCEDURE AND STOP ASPIRIN, FISH OIL, FLAXSEED OIL AND ALL SUPPLEMENTS INCLUDING FIBER FOR 1 WEEK.
- STOP BLOOD THINNERS FOR THE FOLLOWING AMOUNT OF TIME: EFFIENT FOR 7 DAYS, COUMADIN, WARFARIN, BRILINTI OR PLAVIX FOR 5 DAYS, AND PRADAXA, ELIQUIS, SAVAYSA OR XARELTO FOR 3 DAYS.
- AVOID TAKING IBUPROFEN, NAPROXEN OR ANY ANTI-INFLAMMATORY FOR 2 DAYS PRIOR TO YOUR PROCEDURE.

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

- YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

******IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE. GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS. ******

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865)-539-5372 OPTION 2.

***** PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU *****

(OVER)

JEFFREY R. CRIST, M.D.
JUAN BENITEZ, M.D.
9330 PARK WEST BLVD. SUITE 506
KNOXVILLE, TN 37923

Phone: (865) 539-5372
Fax: (865) 539-5369

BOWEL PREPARATION INSTRUCTIONS FOR MORNING SCOPES (SUTAB)-DR BENITEZ
YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED COLONOSCOPY TO BE PERFORMED ON

_____ AT _____ ARRIVAL TIME _____

REPORT TO _____ PARKWEST HOSP (MAIN ENTRANCE) _____ FT. LOUDOUN HOSP (ER/REG DESK)
**** LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE ****

*******PRE-PROCEDURE INSTRUCTIONS: DO NOT EAT CORN, VEGETABLES, FRUITS, SEEDS, NUTS, POPCORN OR HIGH FIBER FOODS FOUR DAYS PRIOR TO YOUR EXAMINATION.**

****** DAY BEFORE *******

- BEGINNING ON _____ YOU MAY EAT YOUR USUAL BREAKFAST, BUT AFTER THIS, ONLY CLEAR LIQUIDS FOR LUNCH AND DINNER ARE ALLOWED.
- AT 1:00 P.M. YOU WILL OPEN 1 BOTTLE OF 12 TABLETS.
2. FILL THE PROVIDED CONTAINER WITH 16 OZS OF WATER.
3. SWALLOW EACH TABLET WITH A SIP OF WATER AND FINISH THE ENTIRE AMOUNT OVER 15 MINS.
4. ONE HOUR AFTER THE LAST TABLET IS SWALLOWED, FILL THE CONTAINER A SECOND TIME WITH 16OZ OF WATER AND DRINK IN 30 MINS.
5. APPROXIMATELY 30 MINS AFTER FINISHING THE SECOND CONTAINER OF WATER, FILL THE CONTAINER WITH 16OZ OF WATER AND DRINK OVER 30 MINS.
- AT 8:00 P.M. REPEAT YOUR STEPS AGAIN USING THE SECOND BOTTLE OF TABLETS.
- NOTHING TO EAT OR DRINK AFTER 10 PM.

DO NOT EAT OR DRINK ANYTHING ON THE MORNING OF YOUR EXAMINATION. IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU TAKE INSULIN FOR DIABETES, TAKE ½ YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY OF YOUR PROCEDURE.

- DISCONTINUE IRON SUPPLEMENTS AT LEAST 5 DAYS PRIOR TO YOUR PROCEDURE AND STOP ASPIRIN, FISH OIL, FLAXSEED OIL AND ALL SUPPLEMENTS INCLUDING FIBER FOR 1 WEEK.
- STOP BLOOD THINNERS FOR THE FOLLOWING AMOUNT OF TIME: EFFIENT FOR 7 DAYS, COUMADIN, WARFARIN, BRILINTA OR PLAVIX FOR 5 DAYS, AND PRADAXA, ELIQUIS, SAVAYSA OR XARELTO FOR 3 DAYS.
- AVOID TAKING IBUPROFEN, NAPROXEN OR ANY ANTI-INFLAMMATORY FOR 2 DAYS PRIOR TO YOUR PROCEDURE.

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

- YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

******IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE. GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS. ******

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865)-539-5372 OPTION 2.

***** PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU *****

(OVER)