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**FLEXIBLE SIGMOIDOSCOPY**

PATIENT NAME: \_\_\_\_\_ DATE OF PROCEDURE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ PROCEDURE TIME: \_\_\_\_\_

HOLD THE FOLLOWING MEDICATIONS: \_\_\_\_\_

**IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE ASK THAT YOU GIVE US 72 HOURS NOTICE. If you do not call, and fail to show up for your scheduled procedure you will be charged a "No Show Fee" of \$100.00.**

**\*\*IMPORTANT: IF YOU ARE A SMOKER, WE STRONGLY ADVISE THAT YOU DO NOT SMOKE THE DAY OF YOUR PROCEDURE. SMOKING PRIOR TO YOUR PROCEDURE COULD CAUSE COMPLICATIONS WITH ANESTHESIA\*\***

**PICK UP FROM THE PHARMACY:**

1. One (1) bottle Magnesium Citrate
2. Fleet's Enema

**THE DAY BEFORE YOUR PROCEDURE:**

1. Between 3:00pm and 4:00pm, drink the bottle of Magnesium Citrate
2. You may have only clear liquids for dinner.

You May Have:			You May NOT Have:	
Water	Seltzer	Apple Juice	Solid Foods	Alcohol
Sprite	Ginger Ale	Plain Jello (not red or purple)	Lemonade	Milk or Milk Products
Bouillon or Clear Broth		Gatorade (not red or purple)		
White Grape Juice		Italian Ice(not red or purple)		
Black Coffee or Tea (no milk or creamer)				
Gum				

3. Administer the Fleet's Enema before going to bed, **save the bottle.**

**THE DAY OF THE PROCEDURE:**

1. Administer 2 tap water enemas BEFORE coming to the office for your procedure. Screw the top off of the Fleet's Enema bottle, fill it with tap water, and administer it. Repeat this a second time.