INSTRUCTIONS FOR COLONOSCOPY

(USING SUPREP LAXATIVE)

(OBTAIN ONE KIT OF **SUPREP** AT ANY PHARMACY, A PRESCRIPTION IS REQUIRED.)
For Suprep Coupon: Visit www.Suprep.com

READ ALL INSTRUCTIONS CAREFULLY

REPORT TO
Pacific Gastroenterology Endoscopy Center, 26421 Crown Valley Pkwy. # 140B, Mission Viejo
Date _____ ***Arrival Time*** _____

1) If you are taking Iron pills, please stop this for three days before your procedure.
2) If you are taking **blood thinning medicines like Coumadin (Warfarin), Pradaxa, Xarelto or Plavix**, please consult your doctor. You may need to stop these medications for up to 7 days prior to your procedure.
3) **Do not eat any seeds like popcorn, multigrain bread, sesame, granola bar, corn for one week** prior to colonoscopy.
4) **Day Before Examination**
   - Drink only "clear liquids" for breakfast, lunch, and dinner. Solid foods, milk or milk products are **not** allowed.
   - "CLEAR LIQUIDS" INCLUDE:
     - ⇒ Strained fruit juices without pulp (apple, white grape, lemonade)
     - ⇒ Water, Clear broth or bouillon
     - ⇒ Coffee or tea (without milk or non-dairy creamer)
     - ⇒ All of the following that are **not** colored red or purple
       - ◊ Gatorade, Carbonated and non-carbonated soft drinks
       - ◊ Kool-Aid (or other fruit flavored drinks), Ice popsicles
       - ◊ Plain Jello (without added fruits or toppings)

   Evening (6 pm)
   - Pour once 6-ounce bottle of SUPREP into the mixing container provided with the kit. Add cool drinking water to the 16-ounce line on the container and mix.
   - Drink ALL the liquid in the container.
   - You MUST drink two (2) more 16-ounce containers of water over the next hour. Drink more if desired.
5) **Day of Examination**
   Morning Dose of Laxative: (Four hours before your colonoscopy arrival time)
   - Repeat the same instructions as mentioned above for the prior evening dose, using the other 6-ounce bottle of SUPREP.
   - You MUST drink two (2) more 16-ounce containers of water over the next hour. Drink more if desired.
   - **Finish drinking all liquids at least 2 hours before your colonoscopy arrival time.** Please eat **NO BREAKFAST**. DO NOT DRINK COFFEE on the morning of your examination.
   - **Arrive for Colonoscopy at your scheduled time.**
6) **MEDICATIONS**
   (a) Evening prior to your examination: Take any of your usually prescribed medications **more** than two hours before or two hours after you take the SUPREP. This is to decrease the chance of your pills being washed out of your intestines before they can be absorbed.
   (b) On the morning of the procedure: Take all your usually prescribed medications with water before 6 am. If you are a **DIABETIC**, please discuss with your doctor scheduling this test, what you should do with your insulin on the morning of the procedure.
7) You will probably require some medication by vein for the procedure to relax you. This medication may make you sleepy for a few hours. If you receive this medication you will be required to remain here at the Endoscopy Center for about half an hour after the procedure is completed for observation.
8) If you receive this relaxing medication by vein, you cannot safely drive yourself home after the test. Therefore, plan on having someone bring you to the Endoscopy Center and return you home after the procedure. Likewise, you should not plan on operating any heavy or dangerous machinery until the day after the procedure.
9) Wear loose comfortable clothing. Please wear or bring a pair of socks with you.

If there are any questions regarding the procedure or its scheduling, please call our office at (949) 365-8836.

Colonoscopy

Om P. Chaurasia, MD, FACP
Pacific Gastroenterology Medical Associates, Inc.
26421 Crown Valley Pkwy, Suite 140A
Mission Viejo, California 92691

National Digestive Diseases Information Clearinghouse

National Institute of Diabetes and Digestive and Kidney Diseases

National Digestive Diseases Information Clearinghouse
2 Information Way
Bethesda, MD
20892–3570
Tel:
(301) 654–3810
Fax:
(301) 907–8906
E-mail:
nddic@info.niddk.nih.gov

NATIONAL INSTITUTES OF HEALTH

Colonoscopy

Colonoscopy (koh-luh-NAH-skuh-pee) lets the physician look inside your entire large intestine, from the lowest part, the rectum, all the way up through the colon to the lower end of the small intestine. The procedure is used to diagnose the causes of unexplained changes in bowel habits. It is also used to look for early signs of cancer in the colon and rectum. Colonoscopy enables the physician to see inflamed tissue, abnormal growths, ulcers, bleeding, and muscle spasms.

For the procedure, you will lie on your left side on the examining table. You will probably be given pain medication and a mild sedative to keep you comfortable and to help you relax during the exam. The physician will insert a long, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a colonoscope (koh-LON-oh-skope). The scope transmits an image of the inside of the colon, so the physician can carefully examine the lining of the colon. The scope bends, so the physician can move it around the curves of your colon. You may be asked to change position occasionally to help the physician move the scope. The scope also blows air into your colon, which inflates the colon and helps the physician see better.

If anything unusual is in your colon, like a polyp or inflamed tissue, the physician can remove a piece of it using tiny instruments passed through the scope. That tissue (biopsy) is then sent to a lab for testing. If there is bleeding in the colon, the physician can pass a laser, heater probe, or electrical probe, or inject special medicines, through the scope and use it to stop the bleeding.

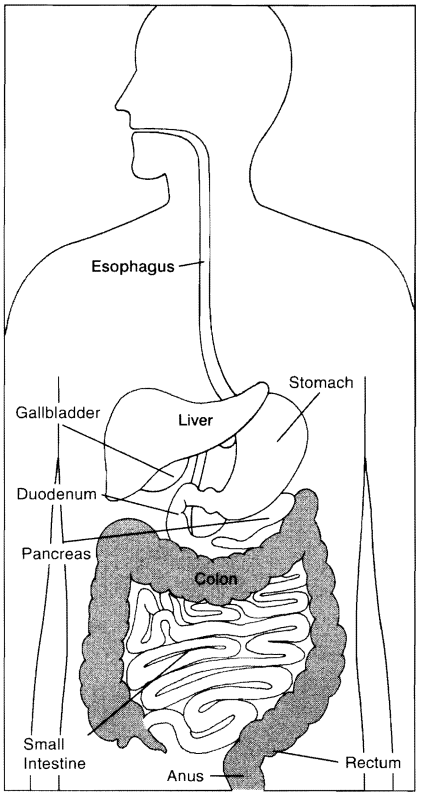
Bleeding and puncture of the colon are possible complications of colonoscopy. However, such complications are uncommon.

Colonoscopy takes 30 to 60 minutes. The sedative and pain medicine should keep you from feeling much discomfort during the exam. You will need to remain at the physician's office for 1 to 2 hours until the sedative wears off.

Preparation

Your colon must be completely empty for the colonoscopy to be thorough and safe. To prepare for the procedure you may have to follow a liquid diet for 1 to 3 days beforehand. A liquid diet means fat-free bouillon or broth, Jell-O®, strained fruit juice, water, plain coffee, plain tea, or diet soda. You may need to take laxatives or an enema before the procedure. Also, you must arrange for someone to take you home afterward—you will not be allowed to drive because of the sedatives. Your physician may give you other special instructions.

The Digestive System



Your physician has fact sheets on other diagnostic tests:

- ERCP
- Upper Endoscopy
- Lower GI Series
- Upper GI Series
- Sigmoidoscopy

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

NIH Publication No. 98–4331
June 1998

Medical Director

Om P. Chaurasia, MD

Dr. Chaurasia has been in the field of gastroenterology for more than a decade. He has served as the President of the Orange County Gastroenterology Society.

He completed his fellowship training in Gastroenterology and hepatology at the University of California, Irvine. In addition he did an advanced training in therapeutic ERCP at the University of Amsterdam, Holland, an internationally renowned center for pancreatico-biliary endoscopy. His board certification includes American subspecialty board of gastroenterology. He serves on the clinical faculty at the University of California, Irvine.

About the Endoscopy Center

Pacific Gastroenterology Endoscopy Center is a state-of-the-art Ambulatory Endoscopy Center.

Our Center Offers:

- Outpatient care allowing you to return home the same day
- Modern, state-of-the-art equipment
- Highly qualified personnel
- Efficient personal care in a warm and caring atmosphere

The Endoscopic Procedures Performed at the Center Include:

- Upper Gastrointestinal Endoscopy
- Colonoscopy

These procedures are performed to both diagnose and/or treat various digestive diseases including heartburn/gastroesophageal reflux, ulcer, colitis, diverticulosis, gastrointestinal bleeding, colon polyp, and colon cancer.

Before Procedure

- Follow carefully all instructions for the procedure given to you by your gastroenterologist.
- Please make sure that you take all doses of laxatives as directed for your colonoscopy. If you have any problems with the laxative, please notify your physician.
- If you are taking any blood thinning medications like coumadin, aspirin, or plavix, please contact your physician. You may need to stop these medications for a few days prior to the procedure.
- Notify your physician if you develop any change in your health status such as fever, cough or cold prior to the procedure.
- Bring a list of all medications you may be taking.
- Wear loose comfortable clothing.
- Leave jewelry and contact lens at home.
- Do not bring any valuables.
- You MUST have someone who will be responsible for transporting you home.
- Arrive at the Center one hour prior to the procedure scheduled time.
- Before any sedative is given, you will be asked to sign an informed consent for the procedure.

Recovery room

After Procedure

- After the procedure, you will spend some time in the recovery room. Our team of nurses and staff will ensure a nurturing and comforting environment during your recovery.
- It is common to have some amnesia due to sedative, and therefore you may not remember talking to your physician after the procedure. For this reason, your physician may desire to discuss the findings of the procedures or any special after care instructions with your companion or a family member.
- You will be given written discharge instructions and any necessary prescriptions before you leave. Please be sure to follow these instructions carefully.
- You will be discharged home in the care of a family member or a friend who is PRE-ARRANGED to drive you home. You will NOT be permitted to drive yourself home or take a bus or a taxi.
- You may feel a little dizzy and sleepy for several hours after the procedure. It is therefore advisable that you stay home, and take things easy for rest of the day.
- Wait until the day following the procedure to drive a motor vehicle, operate any heavy equipment or sign any important documents.
- Do not drink any alcoholic beverage until the day after the procedure.
- After the upper endoscopy, you may experience some minor throat irritation.
- After biopsy or polyp removal during a colonoscopy, you may have some minor rectal bleeding.
- If you develop persistent nausea, vomiting, persistent red maroon or black bowel movement or vomiting of blood, persistent abdominal pain, or fever, please contact your gastroenterologist immediately. In case of an emergency, please call 911.
- You will be advised to follow up with your physician to discuss the findings of the procedure and the biopsy results as applicable.

Financial Information

Fees for the Procedure

Ambulatory outpatient setting allows the procedures to be performed at a reduced cost.
The center charges a single fee called "Facility fee" which covers:

- Use of the facility
- Equipment and supplies
- Medications and sedation used for the procedure
- Nursing services
- Recovery room services

The facility fee does not cover:

- Physician's professional fee
- Lab or Pathology fees

Insurance and Billing

Our business office will contact you prior to the procedure to discuss your financial responsibilities.

- We accept PPOs, Medicare and other insurance plans.
- Please bring your insurance card(s).
- You will be asked to sign a financial agreement indicating your responsibility for the bill.
- The Endoscopy Center will bill your insurance. You will be responsible for any remaining balance.
- We accept Visa and Mastercard.

Co-payment and deductibles

- Co-payments and deductibles are due prior to the procedure.

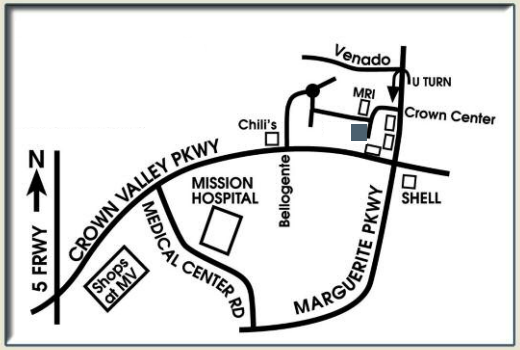
Cash Pay/No Insurance

- If you do not have health insurance, you will be required to pay the full amount of the "facility fee" prior to the procedure.
- The physician fee is to be paid separately to your doctor.
- You may also incur a pathology fee if any biopsies are taken.

If you have any questions regarding your insurance coverage or our fees, please call us at (949) 365-8836.

Directions

Freeway 5 → Exit Crown Valley Parkway → Turn left if coming from Freeway 5 South or turn right if coming from Freeway 5 North → Go east on Crown Valley Parkway for about a mile → Turn left on to Marguerite Parkway → Stay in the Left lane → Drive about 200 yards → Take the first legal U turn → Take the first Right in to the Crown Center → Turn Left, Our Building (26421 Crown Valley Pkwy) is left to the MRI Building. Please note that the Office buildings in the Crown Center look like "condominiums".



Parking is FREE.
There is no designated parking area.
Park anywhere in the Crown Center.

26421 Crown Valley Parkway
Suite 140B
Mission Viejo, CA 92691

(949) 365-8836
www.PacificGastro.com

Pacific Gastroenterology
Endoscopy Center

A State-of-the-Art
Ambulatory Endoscopy Center

MEDICARE CERTIFIED

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Suite 140B
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Pacific Gastroenterology Endoscopy Center

Ownership Disclosure/Patient Grievances/Advance Directives

WHAT WE ARE: is an outpatient ambulatory endoscopy center licensed in the State of California.

WHO WE ARE: is owned by Om P. Chaurasia, MD. The center was developed to provide a safe and comfortable medical facility that would provide efficient and effective services to patients.

WHY WE WERE OPENED: Outpatient care has been proven to increase patient comfort through personalized care while delivering quality services.

YOUR RIGHTS AS A PATIENT: You have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you obtain health care services at another facility.

PATIENT GRIEVANCES: If patients have complaints or concerns in regard to your care at Pacific Gastroenterology Endoscopy Center, they are encouraged to fill out a grievance form, which is available upon request at the front desk. Contact numbers are available below.

ADVANCE DIRECTIVES: Even if you have an advance directive or living will, the Center will still transfer you to the closest hospital which will make decisions about following any advance directive or living will. You have a right to have your living will present in our medical record at the Center and to be informed of the Center's policy prior to the date of admission. State information and forms to prepare an advance directive, if you decide to have one, can be found at the following web site:
http://www.dhcs.ca.org/formsandpubs/pages/mmcdaplsubjectlistings.aspx

Consumer Complaints can be made at:

Endo Center
Pacific Gastroenterology Endoscopy Center
Attn: Nursing Director
26421 Crown Valley Parkway, Suite 140B
Mission Viejo, CA 92691
Tel: (949) 365-8836

CDPH
California Department of Public Health (CDPH), District Administrator,
Orange County District Office, Tel: (949) 456-0630

DHHS
Michael Kruley, Regional Manager
Office of Civil Rights
U.S. Department of Health and Human Services (DHHS)
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice phone (415) 437-8329
Fax (415) 437-8239
TDD (415) 437-8311, http://www.OCRMail@hhs.gov or www.OCRComplaint@hhs.gov

Medicare
Office of the Medicare Ombudsman at www.cms.hhs.gov/center/ombudsman.asp

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The following investors have a financial interest in the Pacific Gastroenterology Endoscopy Center

Om P. Chaurasia, MD

Revised & approved 4-1-2010

Pacific Gastroenterology Endoscopy Center

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. These rights and responsibilities include:

The patient has the *right* to:

1. Treatment without regard to sex, or cultural, economic, educational, or religious background or the source of payment for his care.
2. Considerate and respectful care.
3. The knowledge of the name of the physician who has primary responsibility for coordinating his care and the names and professional relationships of other physicians who will see him and the credentials of health care professionals involved in his care.
4. Receive information from his physician about his illness, his course of treatment, and his prospects for recovery in terms he can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Receive the necessary information about any proposed treatment or procedure to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who would carry out the treatment or procedure.
6. Participate actively in decisions regarding his medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care. His written permission shall be obtained before his medical records are made available to anyone not concerned with his care.
9. Reasonable responses to any reasonable request he makes for services.
10. Reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
11. Be advised if physician proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed by his physician or designee of his continuing health care requirements.
13. Examine and receive an explanation of his bill regardless of source of payment.
14. Have all patient's rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Express any grievances or suggestions verbally or in writing to the Pacific Gastroenterology Endoscopy Center Management at (949) 365-8836 and/or California Department of Public Health at (949) 456-0630 or Office of the Medicare Beneficiary Ombudsman at 800-MEDICARE (800-633-4227) or online at http://www.cms.hhs.gov/center/ombudsman.asp

Patient *Responsibilities*:

1. Good communication is essential to a successful physician-patient relationship. To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their physicians.
2. Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
3. Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
4. Once patients and physicians agree upon the goals of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with physician instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.
6. Patients generally have a responsibility to meet their financial obligations with regard to medical care or to discuss financial hardships with their physicians. Patients should discuss end-of-life decisions with their physicians and make their wishes known. Such a discussion might also include writing an advanced directive.
7. Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk. Patients should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.