



420 West Linfield-Trappe Road, Building B, Suite 102, Limerick, PA 19468

Phone: 484.938.4030 Fax: 484-938-4040

Your _____ has been scheduled for _____ at _____.

Arrival time for your procedure is _____.

Your Procedure(s) will be at:

Endoscopy Associates of Valley Forge (EAVF)
420 West Linfield-Trappe Road,
Building B, Suite 101
Limerick, PA 19468
(484)-975-0404

Phoenixville Hospital
140 Nutt Road, Endoscopy Unit,
3rd Floor, Phoenixville, PA 19460
South Registration
(610) 983-1000

If you are having your procedure at EAVF, you will receive a text message from EAVF 2 weeks before your procedure. We encourage you to accept the service as it will be used for communications both before and after your procedure.

*Please bring a photo id, insurance card, referrals (if needed), a current medication list including dosages and any chronic pain medications you are taking with you. It is your responsibility to make arrangements to pick up any referrals needed prior to the procedure. You are responsible for any copay at the time of your arrival. Please help us to serve you better by keeping your scheduled appointment or by contacting us within 24 hours of your scheduled appointment to re-schedule. **Failure to show for your procedure or cancelling your procedure less than 48 hours from your appointment time may result in a \$100.00 fee.***

SPECIAL INSTRUCTIONS REGARDING MEDICATIONS

- **If you take the following medications you must see you see your Cardiologist and get cleared to STOP this medication. Please see your Cardiologist immediately after scheduling this procedure.**

Aspirin 325mg	Coumadin (Warfarin)	Plavix	Praxada
Effient	Xarelto	Eliquis	Any other Prescribed Blood Thinners

The day of the procedure the following medications may be taken with a small sip of water only.

- | | |
|---|-------------------------------------|
| a. Seizure Medications | b. Anxiety Medications |
| c. Asthma Medications | d. Chronic Pain Medications |
| e. Parkinson's Medication | f. Restless Leg Syndrome Medication |
| g. Cardiac and Blood Pressure Medications except diuretics (water pills). | |

IF YOU ARE UNSURE ABOUT MEDICATIONS PLEASE CALL (484) 938-4030



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SuPrep Instructions (Split Dose)

Materials That You Will Need to Prepare For Your Procedure(s):

- Four (4) Dulcolax laxative tablets
- One (1) box of SuPrep (over the counter at the pharmacy)
- One (1) Fleets Enema

Please note: Depending on the results of your prep, you may need to take additional Miralax or a Fleets Enema

For three (3) days prior to your procedure you must avoid a high fiber foods (No seeds, nuts, popcorn, or other high fiber foods.)

The Day Before Your Procedure(s) – Absolutely **NO** solid foods

1. Your Clear Liquid diet begins the moment you wake up. **AVOID RED OR PURPLE COLORED DRINKS**
2. _____ - Pour **one bottle** of Suprep liquid into the provided mixing container from your kit. Add cool drinking water to the 16 oz. line on the mixing container. Drink all the liquid in the container over **30 minutes**. Over the next **30 minutes**, you must drink **two (2)** more 16 oz. container of **WATER**
3. _____ - Pour **one bottle** of Suprep liquid into the provided mixing container from your kit. Add cool drinking water to the 16 oz. line on the mixing container. Drink all the liquid in the container over **30 minutes**. Over the next **30 minutes**, you must drink **two (2)** more 16 oz. container of **WATER**
4. You may resume Clear Liquid diet until midnight the evening before your procedure.
DO NOT DRINK AFTER MIDNIGHT THE EVENING BEFORE YOUR PROCEDURE
5. After finishing the prep your stool should be watery, **without formed particles of stool**. It is normal for your stool to be green to clear in color. If your prep is not free formed stool a **Fleet Enema** can be used by following the instructions on the box.

IF YOU ARE ABSOLUTELY UNABLE TO FINISH THE PREP OR CANNOT KEEP THE PREP DOWN, YOU MUST CALL PMA AT (484) 938-4030.



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IMPORTANT NOTICE

You will be under sedation for your procedure. It is a Federal requirement that you get a ride home from a family member or responsible adult.

- **You may NOT take an Uber, Taxi, or Bus home after your procedure, unless you are accompanied by a responsible adult.**
- **You may NOT walk home after your procedure.**

Morning Procedures:

If your procedure is in the morning your ride should be ready to pick you up within **90 minutes** of your scheduled procedure time.

Afternoon Procedures:

If your procedure is scheduled **after 12:00pm**, your ride is required to wait for you in the waiting area until you are ready for discharge.



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****IMPORTANT** BILLING FOR YOUR PROCEDURE**

There are 4 parties involved with providing your care on the day of the procedure. You may receive a bill from any or all of the following: PMA Medical Specialist, Endoscopy Associates of Valley Forge, North American Partners in Anesthesia, and Dianon Labs.

We encourage each patient to contact each party for information on your financial responsibility prior to your procedure.

1. **PMA Medical Specialists** – Professional fee for physician services.
 - For questions about billing please call **1-866-270-8965**
 - *A pre-authorization from your insurance company is obtained by the Endoscopy Center prior to your procedure.*
2. **Endoscopy Associates of Valley Forge** – Facility fee for staff, supplies, and linens.
 - For questions about billing please call **267-488-1087**
 - *A pre-authorization from your insurance company is obtained by the Endoscopy Center prior to your procedure.*
3. **Society Hill Anesthesia Consultants** – fee for Anesthesiologist and Certified Registered Nurse Anesthetist.
 - For questions about billing please call: **1-800-242-1131, extension 4317**
 - *A pre-authorization is not required prior to your procedure*
4. **Dianon Labs** – fee for pathologist to review specimens collected during the procedure.
 - For billing questions please call **1-800-328-2666**
 - *A pre-authorization is not required prior to your procedure*