JUAN BENITEZ, M	.D. ·		Phone: Fax:	(865) 539-5372 Option 2 (865) 539-5369
				6 (PLENVU)-DR BENITEZ COPY TO BE PERFORMED ON
	AT	ARRIVAL T	IME	The state of the s
REPORT TO	PARKWEST HOSP (MA ARRIVAL MAY RESULT IN	UP TO A 2-HOUR DELA	FT. LOUI Y IN YOUR PI	DOUN HOSP (ER/REG DESK) ROCEDURE ****
	DURE INSTRUCTIONS:			ES, FRUITS, SEEDS, NUTS, ATION.
**** DAY BEFORE	****************************	聚氰水盐治疗涂水布由水形治疗由毒水根水水水杨	****	*****
BEGINNING ON_ ONLY CLEAR LIC	QUIDS FOR LUNCH AND DI	_ YOU MAY EAT YOUR NNER ARE ALLOWED.	USUAL BREA	akfast, but after this,
AND SHAKE OR FINISHED, DRIN	STIR UNTIL COMPLETELY	DISSOLVED. (2-3 MINUTIN 30 MINUTES. REFIL	TES) SLOWL'	FAINER WITH 16 OZ OF WATER Y DRINK THE SOLUTION UNTIL 'AINER WITH 16 OZ OF CLEAR
NOTHING TO EA	AT OR DRINK AFTER 10PM	EXCEPT PREP INSTRI	DOTIONS FOR	R NEXT MORNING

- NOTHING TO EAT OR DRINK AFTER 10PM EXCEPT PREP INSTRUCTIONS FOR NEXT MORNING
- ON THE MORNING OF THE PROCEDURE AT 6:00 A.M. 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 DRINK AFTER THIS

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.

MEDICATIONS TO STOP PRIOR TO PROCEDURE

7 DAYS PRIOR:

Trulicity
Ozempic
Mounjaro
Bydureon beise
Byetta
Victoza, Saxenda
Adlyxin
Rybelsus

7 DAYS PRIOR:

Aspirin
Efficit
Fish Oil
Flaxseed Oil
Supplements
Fiber

5 DAYS PRIOR:

Iron Supplements
Coumadin
Warfarin
Brilinta
Plavix

3 DAYS PRIOR:

Pradaxa Eliquis Savaysa Xarelto

2 DAYS PRIOR:

Ibuprofen Naproxen Meloxicam Anti-inflammatory

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 <u>72</u> 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.

*** DI EASE DOMO I D. ING CADDS AND TICTOR CHIDDENIC MENTON THAT VOIL ***

CLEAR LIQUID DIET

DAY BEFORE PROCEDURE

TEA (decaffeinated or regular)
BLACK COFFEE (NO CREAMER/MILK)
CARBONATED BEVERAGES (clear or light colored only)
FRUIT FLAVORED DRINKS
GREEN TEA
LEMONADE
GATORADE (NO RED OR PURPLE)
POWERADE (NO RED OR PURPLE)

BOUILLION (BEEF OR CHICKEN)

WATER

JELL-O (NO RED OR PURPLE)
POPSICLE (NO RED OR PURPLE)

SUGAR HONEY SYRUP HARD CANDY (NO RED OR PURPLE) SALT

4 DAY PRE-PROCEDURE DIET—FOODS ALLOWED

MEAT—FISH, CHICKEN, PORK, TURKEY AND GROUND BEEF

PASTA—NO RED SAUCE

WHITE RICE

DAIRY-CHEESE, MILK, PLAIN YOGURT

EGGS

WHITE BREAD