Nashville Gastro Consulting, PLLC Flexible Sigmoidoscopy Patient Preparation

Patient:						
Date:		/	Time:	:	Arrive:	•
Location:				Phone:		
Purchase at	a phar	macy:				
One (1) 10	ounce	bottle o	of Citrate of M	/lagnesia		
Two (2) Fle						
These are ov	ver-the	-counter	ritems and do	o not requ	ire a prescriptio	n.
THREE DAYS	PRIOF	TO PRO	CEDURE:			
			taking any b Aleve, Advil,		ing medication (, etc.)	(Aspirin, Plavix
ONE DAY PR	IOR TO	THE PR	OCEDURE:			
	2. Ma 3. rer 4.	At approagnesia. Consume mainder Nothing	e only clear lic of the evenin	O PM, drink quids (no r	gh the day. The 10 oz. bott Ted or purple) for Childright (including	r the
DAY OF THE	PROCE	DURE:				
	phy pro 2. C	vsician. B cedure is One hour	ring your med s finished. before leavir	dications v	herwise instruct vith you to take dminister the tw utes, then expel	after the

If you are unable to keep your appointment please contact our office at least 24 hours before your scheduled procedure time. 615-327-7835.