

**William S. Silver, MD**  
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2 Medical Park Drive West Nyack, NY 10994  
845-362-3300

DATE:

TIME:

**PURCHASE over the counter- MIRALAX 8.3oz bottle, 4 Dulcolax laxative tablets, & 96oz of Gatorade or clear liquids**

**DAY BEFORE THE EXAM:**

1. Eat a light **breakfast before 9am** (eggs, cereal, toast, bagel, juice, coffee or tea), after breakfast maintain a clear liquid diet.

2. At 1:00 p.m. take 4 Dulcolax tablets, which can be found over the counter at any pharmacy.



3. At 4:00 p.m. mix the Miralax powder with 96 oz. of Gatorade, Powerade, Crystal Lite, applejuice or any other clear beverage (NO red or blue). Drink entire mixture within 3 hours. If cramping or bloating occurs you may use Mylicon, Gas-X, or Mylanta.



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8.3 oz bottle of Miralax powder

96oz. of Gatorade or clear liquid

4. You can have clear liquids up until midnight, **AFTER MIDNIGHT NOTHING TO DRINK.**

**CLEAR LIQUIDS ALLOWED THE DAY BEFORE THE PROCEDURE**

WATER, CLEAR FRUIT JUICE, (APPLE, GRAPE, CRANBERRY) BOUILLON, COFFEE, TEA, GRAPEFRUIT JUICE, (NO PULP) SODA, ICED TEA, PLAIN JELLO.

**\*\*\*NO SOLID FOODS, MILK, DAIRY PRODUCTS, and NO RED or BLUE JELLO OR ALCOHOLIC BEVERAGES\*\*\***

**DAY OF THE EXAM:**

1. Nothing to eat or drink until **AFTER** the procedure.

2. **YOU MUST BE ACCOMPANIED BY A DRIVER IN ORDER TO HAVE YOUR PROCEDURE , NO CAR SERVICE ALLOWED unless accompanied by responsible adult \*\*\*IF YOU DO NOT HAVE A DRIVER PLEASE CALL TO RESCHEDULE – NO DRIVING FOR 24 HOURS AFTER PROCEDURE\*\*\* DRIVER MUST COME IN AND SIGN YOU OUT.**

**STOP ONE WEEK PRIOR TO PROCEDURE**

ASPIRIN, NAPROSYN, CELEBREX, MOBIC, PLAVIX, ECOTRIN, COUMADIN, ADVIL, IBUPROFEN, MULTIVITAMINS WITH IRON, VITAMIN E.

*Please NOTE: Patients with Heart Disease or stroke may continue to take ASPIRIN*

**\*DO NOT TAKE DIABETIC MEDICATION MORNING OF TEST\***

**\*TAKE BLOOD PRESSURE MEDICATION MORNING OF TEST\***

IF YOU HAVE ANY PAIN THE WEEK PRIOR USE ONLY **TYLENOL.**

PLEASE NOTIFY OUR OFFICE IF YOU HAVE HAD VALVULAR HEART REPLACEMENT

**\*PLEASE CALL OUR OFFICE HALF HOUR PRIOR TO YOUR PROCEDURE, TO VERIFY THAT YOUR SCHEDULED APPOINTMENT WILL BE ON TIME, THERE CAN BE DELAYS\*\***

**Please NOTE\*\*\*There will be a \$75.00 cancellation fee if given less than 48 hours notice \*\*\***  
IF YOU ARE A FEMALE AND STILL GET YOUR MENSTRUAL, WE WILL NEED A URINE SAMPLE AT TIME OF VISIT

## **North Shore- LIJ Anesthesiology, PC**

118 NORTH BEDFORD ROAD  
SUITE 200  
MT. KISKO, NY 10549-1009

OFFICE: (800) 362-6220

FAX: (914) 666-6777

### **A NOTE REGARDING YOUR ANESTHESIA SERVICE**

A BOARD CERTIFIED ANESTHESIOLOGIST, AS AN INDEPENDENT CONTRACTOR, WILL PROVIDE YOUR ANESTHESIA SERVICE. THE ANESTHESIOLOGIST IS NOT AN EMPLOYEE OF DR. SILVER OR DR. TATAR'S OFFICE.

IF YOU DO NOT RECEIVE A BILL FROM NORTHEASTERN ANESTHESIA SERVICES PC, IT MEANS THAT YOUR INSURANCE CARRIER HAS SATISFACTORILY ADDRESSED THE CLAIM AND YOU DO NOT NEED TO INQUIRE ANY FURTHER. WE CURRENTLY PARTICIPATE WITH MOST INSURANCE CARRIERS IN YOUR AREA.

ALTHOUGH MOST CLAIMS ARE SATISFACTORILY ADDRESSED, IF YOU DO RECEIVE A BILL FROM NORTH EASTERN ANESTHESIA SERVICES PC, YOU MAY HAVE A PLAN THAT, DESPITE OUR PARTICIPATION, APPLIES A CO-PAY OR DEDUCTIBLE MAKING YOU FINANCIALLY RESPONSIBLE FOR A PORTION OF OUR SERVICE. **PLEASE DO NOT CALL YOUR PHYSICIAN'S OFFICE.** IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT (800) 362-6220. YOU MAY WANT TO DISCUSS WITH YOUR INSURANCE CARRIER THE SPECIFICS OF YOUR PLAN.

IF YOU RECEIVE A CHECK FROM YOUR INSURANCE COMPANY PAYABLE TO YOU FOR THE SERVICES OF THE ANESTHESIOLOGIST, PLEASE ENDORSE THE CHECK PAYABLE TO NORTHEASTERN ANESTHESIA SERVICES PC AND FORWARD IT WITH A COPY OF THE EXPLANATION OF BENEFITS TO THE FOLLOWING ADDRESS:

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