

FOR CLINIC USE ONLY

- 2801 New Hartford Road, Owensboro, KY 42303 (270) 683-3720
- 421 7th Street, Tell City, IN 47586 (812) 547-7448
- 420 Hopkinsville Street, Greenville, KY 42345 (270) 377-2440
- 910 Wallace Avenue, Suite 206, Leitchfield, KY 42345 (270) 259-3035

We look forward to providing surgical and/or diagnostic care to you. Should it become necessary to reschedule your procedure please provide at least 72 hours advance notice.

Prior to your surgery you will need: Lab Work Chest X-ray EKG Pre op anesthesia consult

Please do not eat, or drink, past midnight the evening before your lab work.

Owensboro Health Regional Hospital (Pre-Admission Testing) _____.

Owensboro Health Muhlenberg Community Hospital Pre Admission on _____ at _____.

Outpatient registration is to the immediate left.

Owensboro Health Twin Lakes Medical Center Pre Admission on _____ at _____.

Owensboro Health Surgical Specialists Post-Operative on _____ at _____.

- NOTE: BLOOD THINNER** Stop Taking _____ Last Dose _____
 Do Not Stop Taking _____

The **day** of your surgery or procedure: Nothing to drink after finishing dose 2.

Bring someone with you to drive you home.

Your surgery/procedure is scheduled at:

- Owensboro Health Regional Hospital (OHRH)** _____ Check in at _____ Surgery at _____.
Located at 1201 Pleasant Valley Road.
On the day of your surgery go to:
 - Outpatient** Directions: *Enter OHRH Entrance A (valet parking) and take visitor elevators on your right to the 2nd floor. When exiting the elevators, turn right and check in at the surgery waiting desk.*
- Breckenridge Breast & Diagnostic Center** _____ Check in at _____ Surgery at _____.
Located at 1000 Breckenridge Street, in the first office on the left on the first floor of the building.
- Owensboro Surgery Center** _____ Check in at _____ Surgery at _____.
Located at 1000 Breckenridge Street inside Breckenridge Medical Plaza.
- Perry County Memorial Hospital** _____ Check in at _____ Surgery at _____.
Located at 8885 State Rd. 237. Enter through main entrance and check in at admitting desk located in the front lobby.
- Deaconess Henderson Hospital** _____ Check in at _____ Surgery at _____.
Located at 1305 N. Elm Street, Henderson, KY Enter through main entrance and to admissions on the right
- Owensboro Health Muhlenberg Community Hospital** _____ Check in at _____ Surgery at _____.
440 Hopkinsville Street, Greenville, KY Stop at OP registration in the Main Lobby of the hospital to check in on the day of surgery unless before 6:30 am-if before 6:30 am proceed on to the OP surgery floor
- Owensboro Health Twin Lakes Medical Center** _____ Check in at _____ Surgery at _____.
Located at 910 Wallace Avenue, Leitchfield, KY Enter through the outpatient surgery center (Thomas Ambulatory Surgery Center) behind the hospital

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Suflave Bowel Prep

You will need to take laxative pills to clean your colon. A prescription for Suflave has been electronically submitted to your pharmacy.

FOLLOW THESE INSTRUCTIONS NOT INSTRUCTIONS ON BOX.

It is important that you consume only clear liquids the day **BEFORE** your colonoscopy.

Two days before your colonoscopy:

If you tend to be constipated, or sometimes need a laxative, take 4 Dulcolax Laxative tablets at 8 PM.

One day before your colonoscopy:

No solid food - Clear liquids only for breakfast, lunch & dinner. Please make an effort to drink clear liquids throughout the day.

Clear Liquid Diet List - Do not eat or drink anything colored red or purple

- Beverages: Gatorade, Kool-Aid, Strained fruit juices without pulp – apple, white grape, orange, lemonade, Water, tea or coffee (no milk, non-dairy creamer, or lemon)
- Broths: Chicken/beef bouillon or vegetable broth
- Desserts: Hard candies, Jell-O (lemon, lime or orange; no fruit or toppings) Popsicle (no sherbet or fruit bars)

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Suflave Bowel Prep

Day 1, Dose 1

7:00 PM DAY BEFORE COLONOSCOPY

Step 1: Open 1 flavor-enhancing packet and pour contents into 1 bottle.

Step 2: Fill provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. Do not freeze.

Step 3: Drink 8 ounces of solution every 15 minutes until the bottle is empty.

Step 4: Drink an additional 16 ounces of water 30 minutes after finishing the prep bottle.

Day 2, Dose 2

THE MORNING OF YOUR COLONOSCOPY 6 HOURS PRIOR START DOSE 2

Step 1: Open 1 flavor-enhancing packet and pour contents into 1 bottle.

Step 2: Fill provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. Do not freeze.

Step 3: Drink 8 ounces of solution every 15 minutes until the bottle is empty.

Step 4: Drink an additional 16 ounces of water 30 minutes after finishing the prep bottle.