



Enclosed you will find your paperwork to prepare you for your upcoming procedure; it is very important that you review the entire packet thoroughly, at least 7 days before your procedure, so that if you have any questions, they may be addressed before your procedure.

Galen Medical Group is committed to providing timely and high-quality care for all our patients. To ensure that every patient receives the care they need, it is essential that appointment commitments are honored. The following policy explains why we enforce certain guidelines around appointment scheduling, no-shows, late arrivals, and last-minute cancellations. This policy is designed to ensure that patients understand the importance of keeping appointments, and it outlines the consequences of failure to adhere to these standards.

No-Shows and Missed Appointments

Missing an appointment without advance notice affects your care and limits availability for other patients. Frequent noshow can delay rescheduling and disrupt your treatment plan. A patient may be dismissed after three (3) missed appointments. New patients who miss their initial appointment without at least 24 hours' notice and valid reasoning may not be eligible to reschedule.

Late Arrivals

We recognize that life can be unpredictable. However, arriving late for your appointment can impact the schedules of both other patients and providers. We ask that you inform the office, prior to your appointment time, if you anticipate being slightly delayed. Please keep in mind, the office may reschedule your appointment or shorten its duration to respect prior commitments. Continuous late arrivals may result in the patient's dismissal from the practice.

Last-Minute Cancellations

Canceling an appointment at the last minute makes it difficult for us to offer that time slot to another patient. To respect the needs of all our patients, we ask for a minimum 72-hour notice for procedures if you need to cancel or reschedule. A patient may be dismissed from the practice after three (3) late cancellations.

A charge of \$200 will be assessed for each no show or late cancellation procedure appointment if less than 72-hour notice is given.

Galen's policy requires notification before a patient's dismissal. If communication attempts fail and the patient does not comply, a certified letter will be sent outlining emergency care available for 30 days post-dismissal, giving the patient reasonable time to find a new provider. For questions about this policy or assistance with your appointments, please contact your office.

Thank you for allowing us to take care of you.

Instructions for Preparing for Your Colonoscopy

Your Physician is: C. Robert Bosshardt M.D.

Your Physician's Scheduler is: Emily, CMA

Phone Number is: (423)643-2500, ext. 1118

Procedure Date:

*Procedure date and arrival time is subject to change. If you are unable to accommodate schedule change, your procedure will be rescheduled.

Your procedure is scheduled at the following location:

Chattanooga Endoscopy Center

1501 Riverside Drive, Suite 117

Chattanooga, TN 37406

Phone: (423)698-3999

www.chattanoogaendo.com

For questions regarding the anesthesia please contact the facility above.

No nuts, seeds, or corn 7 days prior

You MUST have an adult (18 years of age or older) to accompany you to your procedure.

Your driver must stay at the facility the duration of the procedure.

It is not OK for your driver to drop you off and come back after the procedure.

All Facilities will verify that your driver does not leave for any reason.

You cannot drive, use a taxi, or a bus after the procedure.

To receive test results please follow the instructions below to register your Galen Portal:

1. Go to www.mygalenmedical.com
2. Click on "Register as a New User"
3. Fill out the registration creating a user name and password (Be sure to list your first and last name the same way it is in your patient file. We have your name as (test test).
4. Go to the email inbox for the email address used during registration and click on the link in the confirmation email
5. Log in to www.mygalenmedical.com with your user name and password
6. Select a security question and provide an answer to be used in the future if you need to reset your password
7. Go to "Already a Galen Patient" on the Home page and click on "Add Yourself"
8. Enter your social security number or your Galen account number (your Galen acct # is 13229446) and select your date of birth
9. Click submit

If you need further assistance with your portal account, please contact the Galen IT Help Desk at (423)551-4745.

Preparing for Your Procedure

****PLEASE REVIEW ALL MEDICATIONS LISTED.**

IF YOU TAKE A MEDICATION THAT IS NOT LISTED BELOW, YOU MAY CONTINUE TAKING IT UNTIL THE DAY OF YOUR PROCEDURE. THIS INCLUDES VITAMINS, SUPPLEMENTS, OVER THE COUNTER PAIN RELIEVERS ETC. NO MEDICATIONS ALLOWED MORNING OF PROCEDURE OTHER THAN EXCEPTIONS (HEART AND BLOOD PRESSURE MEDICATIONS, BREATHING MEDICATIONS/INHALERS, SEIZURE MEDICATIONS WITH A SIP OF WATER)

Do not take prescription or over-the-counter diet medication or weight loss drinks for **14 days** prior to procedure:

Acxion	Atti-plex	Benzphetamine	Diethylpropion	Duromine	Elvenir
Ionamin	Lomaira	Panbesy	Phentermine	Phentercot	Qysmia
Saxenda	Sentis	Sibutramine	Suprenza	Terflamex	

Do not take these medications for **five (5) days** before your colonoscopy:

Multivitamin	Herbal Supplements	Iron			
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Your procedure is considered non invasive and does not require the use of antibiotics prior unless otherwise instructed by your GI physician

If you take blood thinners, which may include these listed below, call our office for instructions:

Aggrenox	Brilinta	Coumadin (warfarin)	Effient
Plavix (clopidogrel)	Pletal (cilostazol)	Ticlid (ticlopidine)	Xarelto

***If you take Aspirin, you make take it up to the night prior to your procedure**

If you take insulin, you need to contact the physician that manages your diabetes ahead of time so that he/she will be able to tell you how to adjust your insulin.

If you take any of the following medications by injection, please hold **7 days** prior to procedure:

Adlyxin (Lixisenatide)	Bydureon BCise (Exenatide)	Byetta (Exenatide)	Mounjaro (Tirzepatide)
Ozempic (Semaglutide)	Wegovy (Semaglutide)	Victoza (Liraglutide)	Saxenda (Liraglutide)
Tanzeum (Albiglutide)	Trulicity (Dulaglutide)		

If you take any of the following medications by mouth, please do not take the **72 hours prior** to your procedure:

Farxiga	Glimepiride (Amaryl)	Steglatro	Janumet
Januvia (Sitagliptin)	Jardiance	Metformin	Invokana
Rybelsus	SyndiJARDY	Xigduo	

If you take any of the following medications by mouth, please do not take the **DAY BEFORE OR DAY OF** your procedure:

Acarbose	Glipizide		
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Recreational Drugs:

Marijuana- held 72 hours prior to procedure.	Cocaine- held 14 days prior to procedure.
CBD Gummies- held 72 hours prior to procedure.	Heroin- held 14 days prior to procedure.

Delta 8- held 72 hours prior to procedure. |Meth- held 14 days prior to procedure. |

ONLY take your morning dosage of your heart and/or blood pressure medication with a small sip of water the morning of your procedure.

Nothing by mouth 4 HOURS prior to your arrival time. This includes candy, mints, gum, & ice chips.

No dipping tobacco after midnight on the day of your procedure.

The Day Before Your Procedure- Part 1

- You are on a clear liquid diet the entire day before your procedure.

It is ok to have the following:

Water, coffee, tea

All soft drinks (Sprite, Ginger Ale, Coke/Pepsi, Root Beer, MT. Dew, Mellow Yellow, etc.)

Apple juice, white cranberry juice, white grape juice, any other clear juices

Body Armor

Water flavor additives

Lemonade/Kool-Aid

Gatorade/Powerade

Water Based Protein Drinks

Chicken broth, beef broth, vegetable broth, bone broth (bouillon, can, or carton)

Jell-O

Popsicles

Sugar & artificial sweeteners

You CANNOT have:

Solid food

ANYTHING RED, BLUE, or PURPLE in color

Milk or Dairy Products

Coffee Creamer (liquid or powder)

Alcohol

Yogurt

Pudding

Juice with pulp such as orange, grapefruit, or tomato juice

Applesauce

Popcorn (7 days prior to procedure)

Nuts (7 days prior to procedure)

Seeds (7 days prior to procedure)

- If you notice that you start to get fatigued or get a headache, this could mean that you are dehydrated. So, consume more clear liquids.

The Day Before Your Procedure- Part 2

Clenpiq Prep Instructions

The prescription for your bowel prep, Clenpiq, has been electronically sent to the pharmacy you provided us. You may pick up your prescription at the pharmacy and we highly recommend that you pick it up immediately or contact your pharmacy to hold this prescription to avoid order cancellation.

DO NOT FOLLOW THE INSTRUCTIONS ON THE BOX

FOLLOW THE INSTRUCTIONS BELOW

Clenpiq must be kept at room temperature. DO NOT refrigerate.

Step 1: Between 5pm-7pm, the afternoon before your colonoscopy, drink the 4.8-ounce bottle of Clenpiq. Drink an additional 40 oz. of any clear liquid of your choice. You may continue having clear liquids until 4 hours before your procedure.

Step 2: 6 hours prior to your arrival time, Drink the second 4.8-ounce bottle of Clenpiq. Followed by 24 ounces of clear liquids. Make sure to finish drinking 4 hours prior to your arrival time.

Please Note: Your stool should be coming out as a yellow, light-colored liquid. There will be no solid particles.

Please drink plenty of clear liquids during the entire prep process.

NOTHING BY MOUTH 4 hours prior to your arrival time.

This includes gum, candy, mints, or ice chips.

No dipping tobacco after midnight on the day of your procedure

The Day Before Your Procedure- Part 2

Suprep Instructions

The prescription for your bowel prep, Suprep, has been electronically sent to the pharmacy you provided us. You may pick up your prescription at the pharmacy and we highly recommend that you pick it up immediately or contact your pharmacy to hold this prescription to avoid order cancellation

**DO NOT FOLLOW THE INSTRUCTIONS ON THE BOX
FOLLOW THE INSTRUCTIONS BELOW**

First Dose

Step 1: Between 5pm-7pm the afternoon before your colonoscopy, pour one 6 oz bottle of Suprep into the mixing container provided.

Step 2: Add cool water to the 16 oz line on the container and mix.

Step 3: Drink ALL the liquid in the container.

Step 4: You MUST drink 2 more 16 oz containers of water over the next hour.

Second Dose

6 hours prior to your arrival time, mix the second bottle of Suprep following the directions above, Steps 1-4. Make sure to finish drinking 4 hours prior to your arrival time.

Please Note: Your stool should be coming out as a yellow, light-colored liquid. There will be no solid particles.

Please drink plenty of clear liquids during the entire prep process.

NOTHING BY MOUTH 4 hours prior to your arrival time.

This includes gum, candy, mints, or ice chips.

No dipping tobacco after midnight on the day of your procedure

The Day Before Your Procedure- Part 2

MiraLAX® Bowel Prep

Purchase at the pharmacy:

All these items can be purchased over the counter at your local drug store. They are generally located in the laxative section.

- 4 Dulcolax 5mg tablets
- One (1) 238-gram bottle of MiraLAX
- 64 oz of Gatorade or Powerade (no red, blue, or purple)

Step 1: At 12 PM take two (2) Dulcolax® tablets with any clear liquid.

Step 2: Mix the whole bottle of MiraLAX in one 64 oz. bottle of Gatorade or Powerade. Shake well to mix and then refrigerate.

Step 3: At 3 PM begin drinking one (1) eight (8) oz glass of the MiraLAX solution every 10-15 minutes, until all of it is consumed.

Step 4: At 8 PM take two (2) Dulcolax® tablets with any clear liquid.

Please Note: Your stool should be coming out as a yellow, light-colored liquid. There will be no solid particles.

Please drink plenty of clear liquids during the entire prep process.

NOTHING BY MOUTH 4 hours prior to your arrival time.

This includes gum, candy, mints, or ice chips.

No dipping tobacco after midnight on the day of your procedure

The Day Before Your Procedure- Part 2

Golytely/Peg 3350 Prep

The prescription for your bowel prep has been electronically sent to the pharmacy you provided us. You may pick up your prescription at the pharmacy and we highly recommend that you pick it up immediately or contact your pharmacy to hold this prescription to avoid order cancellation

The prep must be consumed within 24 hours of mixing.

DO NOT mix the solution until the day before the procedure. Follow the directions on the prescription for mixing the bowel preparation.

Step 1: Begin drinking the solution between 5pm-7pm. Drink one (1) eight (8) oz glass of the solution every ten (10) minutes until a total of eight (8) glasses are consumed.

Step 2: 6 hours prior to your arrival time, begin drinking the second dosage. Drink one (1) eight (8) oz glass of the solution every ten (10) minutes until a total of eight (8) glasses are consumed. Make sure to finish drinking 4 hours prior to your arrival time.

Please Note: Your stool should be coming out as a yellow, light-colored liquid. There will be no solid particles.

Please drink plenty of clear liquids during the entire prep process.

NOTHING BY MOUTH 4 hours prior to your arrival time.

This includes gum, candy, mints, or ice chips.

No dipping tobacco after midnight on the day of your procedure

The Day Before Your Procedure- Part 2

SUTAB Prep Instructions

The prescription for your bowel prep, SUTAB, has been electronically sent to the pharmacy you provided us. You may pick up your prescription at the pharmacy and we highly recommend that you pick it up immediately or contact your pharmacy to hold this prescription to avoid order cancellation

- It is very important that you do not take other laxatives while taking SUTAB.
- Do not take oral medications within an hour of starting each dose of SUTAB.

DO NOT FOLLOW THE INSTRUCTIONS ON THE BOX - FOLLOW THE INSTRUCTIONS BELOW

DOSE 1- The Day Prior to Colonoscopy

STEP 1: At 5pm open 1 bottle of 12 tablets.

STEP 2: Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over 15 to 20 minutes.

STEP 3: Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

STEP 4: Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

DOSE 2- Day of Colonoscopy

STEP 5: 7 hours prior to your procedure time, open the second bottle of 12 tablets.

STEP 6: Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over 15 to 20 minutes.

STEP 7: Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

STEP 8: Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

IMPORTANT: If you experience nausea, bloating, or cramping, pause, or slow the rate of drinking the additional water until your symptoms diminish

NOTHING BY MOUTH 4 hours prior to your arrival time

This includes gum, candy, mints, or ice chips

No dipping tobacco after midnight on the day of your procedure



**CHATTANOOGA
ENDOSCOPY CENTER**

Chattanooga Endoscopy Center

Completing Your Online Patient Pre-Admission

Chattanooga Endoscopy Center

1501 Riverside Drive, Suite 117, Chattanooga TN 37406 (423)698-3999

Chattanooga Endoscopy Center offers patient the convenience and privacy of a secure, online registration process. If you are a new patient to our center, please go online today to complete your registration. You will be asked your health history, medications, and previous surgeries. It is important to complete your online registration as soon as possible so our medical team has time to review your information prior to your visit. The pretesting nurse will call you with any questions or concerns after you have completed your online registration.

IF YOU DO NOT HAVE ACCESS TO A COMPUTER, CALL PRETESTING NURSE@ (423)698-3999

Patients:

- Go online to: www.chattanoogaendo.com
- Under For Patients click on Patient Registration
- Click the button to register or sign in to the One Medical Passport System:
- Click on the register button and fill out name, address, phone # etc.
- On the Getting Started page select I am creating a One Medical Passport for an upcoming surgery, procedure, or consult.
- Your Medical Facility select TN as state.
- Select your medical facility: Chattanooga Endoscopy Center
- The next screen asks if you have seen a cardiologist. If you have seen a cardiologist, completed this in specialist section.
- The doctor & visit detail please enter the doctor performing your endoscopy procedure and the date procedure is scheduled.

IMPORTANT: Another adult must be present to stay for the duration of your procedure and drive you home afterwards.

Please bring:

- Driver's license or picture ID * insurance cards.
- List of all medications and dosages (including vitamins, herbs or supplements you're currently taking.
- If you use inhalers, bring them with you.
- A list of any known allergies.
- Please plan to pay your facility fee the day of your procedure. This is a separate charge from your physician fee.
- If you have billing questions about your facility fee please call 855-886-4624.