

Skyline Gastroenterology of West Tennessee

27 A Medical Center Dr Jackson, TN 38301 Phone 731-280-0157 Referral schedule Fax 731-424-0393 Medical Records Fax 731-424-0774 Brittain Little MD Jeffery Gillis DO Daniel Kayal DO Veronica Jarido MD R. Mark Short MD Kelley Lumley FNP Hannah Keel FNP Melissa Baines FNP Lindsey Rayborn FNP

FLEX SIG

*Clear liquids	s <u>ALL DAY</u> the day b	efore your procedure on:
NO SOLID I	FOODS THIS DAY	
broth, apple	-	nout substance. Examples: Water, tea, coffee (no creamer or milk), bouillon uice, ANY soft drinks, Kool-Aid, Gatorade. Hard candy, popsicles, ice and
NO red or pu	rple!! NO orange ju	ice or other pulp-containing juices, tomato juice, milk or ice cream!!
	@ at for at least 3 hour	take 4 Dulcolax tablets and follow with 8oz of clear liquids every s.
NOTHING TO	DRINK AFTER	·
On	@	, the morning of the procedure, use enemas.
		ical Center Dr. at on ine Dr. at on

- Bring a DRIVER. Also bring your insurance card, photo ID, and a list of all of your medications.
- · Notify doctor if on any blood thinners.
- Take any blood pressure, heart, or seizure medications the morning of your procedure. DO NOT take any diabetic medications.
- If you have any questions call 731-280-0157