



LEO TREYZON MD

Gastroenterology & Nutrition

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Colonoscopy Prep Instructions

PROCEDURE DATE: _____ DRINK PART 1 of Su-Prep: _____
 ARRIVAL TIME: _____ DRINK PART 2 of Su-Prep: _____
 PROCEDURE TIME: _____
 DEPARTURE TIME: _____

INTRO: You are scheduled for a colonoscopy. A clean colon is essential for detecting and removing flat polyps. The most dangerous polyps are flat polyps, and they can be missed if the colon is not clean. A split prep increases the cleaning of your colon by > 95%.

- The second dose is drunk usually 5 hours before the procedure start time.
- Purchase your SuPrep Bowel Prep using your prescription.
- Purchase Desitin creamy diaper rash or Vaseline ointment in case you get irritated on your backside.
- Purchase Halls Menthol Cough Drops

Please remember to have a responsible adult drive you home. We will not release you to a taxi or city bus. You will not be able to walk even if you live just a few blocks away. If you cannot find someone to drive you home, then we can reschedule your procedure for another day.

10 Days Prior to Procedure:

- Purchase your SuPrep Bowel Prep using your prescription. Purchase Desitin creamy and Halls cough drops.
- Purchase clear liquids so you're prepared that morning. An example is Gatorade or Pedialyte or 7-Up.
- Arrange for your ride to and from the procedure center.
- Let us know if you are on Plavix, Coumadin, Aspirin, Aggrenox, Pradaxa or any other blood thinner. Call the office ten days prior and tell us what the indication for the medication was from your doctor. We will make a recommendation about continuation or discontinuation of the medicine prior to procedure. Dr. Treyzon might have to call your doctor who prescribed it to find out if your medicine can be held.

3 Days Prior to Procedure:

- Last chance to cancel your appointment for any reason. Please call the office if you have any questions about payment issues, scheduling problems etc. You will be charged \$250.00 if you cancel in less than 72 hours prior to procedure.

2 Days Prior to Procedure:

- Drink at least 6 large glasses of water throughout the day, eat regularly.
- Don't eat anything with seeds.



Colonoscopy Prep Instructions (continued)

On The Morning Prior To Procedure:

- Begin clear liquid diet starting at 9:00 AM: see clear liquid diet choices for help. You may have a light breakfast prior Light breakfast includes yogurt (without fruit or granola), eggs, one slice of white toast.
- Be sure to drink 6 glasses of water in addition to the clear liquids of your choice.

On The Evening Prior To Procedure:

- 5:00 PM (or when you come from work), start Suprep Part 1:
- Pour 1 six-ounce bottle of SuPrep liquid into the mixing container. Add a chilled clear liquid of your choice to the container until full (16 ounces). DRINK ALL OF THE LIQUID. Thereafter, drink 2 more servings of 16 ounces containers of water. If you get nauseated, slow down your drinking.

On The Morning Of The Procedure:

- 5 hours prior to the procedure start, drink Suprep Part 2:
- Pour 1 six-ounce bottle of SuPrep liquid into the mixing container. Add a chilled clear liquid of your choice to the container until full (16 ounces). DRINK ALL OF THE LIQUID. Thereafter, drink 2 more servings of 16 ounces containers of water. It is ok to drink all 32 ounces 4 hours prior to start time.

Morning Of Procedure:

- DO NOT DRINK OR EAT ANYTHING 4 HOURS BEFORE YOUR PROCEDURE. YOUR PROCEDURE WILL BE CANCELLED.
- You should take your essential morning medications with small sips of water, especially blood pressure pills.
- Please be sure to bring the following with you to the surgery center:
 - Insurance Cards and Method of Payment for payment due (if applicable)
 - Medication List and the La Peer History and Physical form that you were provided
 - Driver's License (the surgery center will request a copy)
 - Have a driver to take you home. A taxi is not acceptable.



Explanation of Billing

Dear Patient,

Thank you for scheduling your upcoming procedure with our office. We would like to inform you of the four (4) different entities which will be involved in providing care the day of your procedure. These providers will be billing your insurance for their respective services. Should you have any billing related questions before or after your procedure, please feel free to contact them directly through their contact person listed below:

1. **Doctor:** Leo Treyzon, M.D.

Pre-Procedure Office: Amie Kim
(310) 652-4472
Billing Office: Nexus Health Systems
(310) 929-4141

2. **Endoscopy Facility:** La Peer Surgery Center

La Peer Insurance Verification & Payment Information:

Linda Romero
(310) 360-9119 x 4003

3. **Anesthesiologist:** Cedars Sinai Anesthesiology Group [General Anesthesia Services Partners (GASP)]

Billing Manager: Gina Tice
(213) 673-3700

4. **Pathologist:** If biopsies are taken or polyp(s) are removed

PathMD: (424) 245-7284
Cedars Sinai Pathology: (866) 201-8509

Please note that our office does not perform billing services for these other providers. They may bill your insurance and/or you separately. Please let us know if you have any further questions. Our office is a good start to make your first call. We can help guide you to the right person if you have a bill question.

Cancellation Policy

There is a \$250 cancellation fee if you do not give cancellation notice within at least 72 hours of your scheduled procedure. If your procedure is on a Monday, you must give notice of cancellation to Dr. Treyzon's office by Thursday at 5:00 P.M. With ample time, we are able to cancel the services of the anesthesiologist and nursing staff that are scheduled for your procedure. Thank you.

Patient Signature _____ Date _____



Clear Liquid Diet Choices

After your prep, your stools should be clear, yellow or clear green liquid with NO solid matter. If not, please call the office at (310) 652-4472.

NO ALCOHOLIC BEVERAGES

Clear Liquid Allowed:

- Water
- Tea
- Apple juice, white grape juice, lemonade (no pulp)
- Powder juices – Kool-Aid, Crystal Light
- Carbonated juices, water, or sodas (no dark colors)
- Sports drinks such as Gatorade, All-Sport, Powerade, etc.
- Chicken broth, bouillon, consommé
- Plain/flavored Jello
- Popsicles
- Hard Candies

Clear Liquid Drink Recipes:

Fruit Fizz

1 cup clear fruit juice (from list), ½ cup sparkling water, ½ cup ice.
Blend ice and juice until slushy, add sparkling water.

Frozen Fruit Slush

1 – 6 oz can of frozen clear juice concentrate, 4 tbsp sugar, 3 cups crushed ice.
Mix all ingredients and blend until smooth.

Lemon Lime Slushie

Juice from 2 limes and 1 lemon, 1 cup sparkling water, 1 cup ice, 4 tsp. sugar.
Blend ice and juice until slushy. Pour in glass and add sparkling water.

Homemade IcePops

Add any juice of your choice to an ice cube tray, allow to freeze for about 40 minutes, add toothpick or popsicle sticks and freeze completely.

If you experience nausea or vomiting during the prep, try the following:

- Chill the mixture before consumption.
- Suck on lemon or lime slices.
- Use a chaser such as Crystal Light or white cranberry juice.
- Use Halls Mentho-lyptus to numb your taste buds.
- Drink with a straw.
- Take a 15-30 minute break then start drinking again.

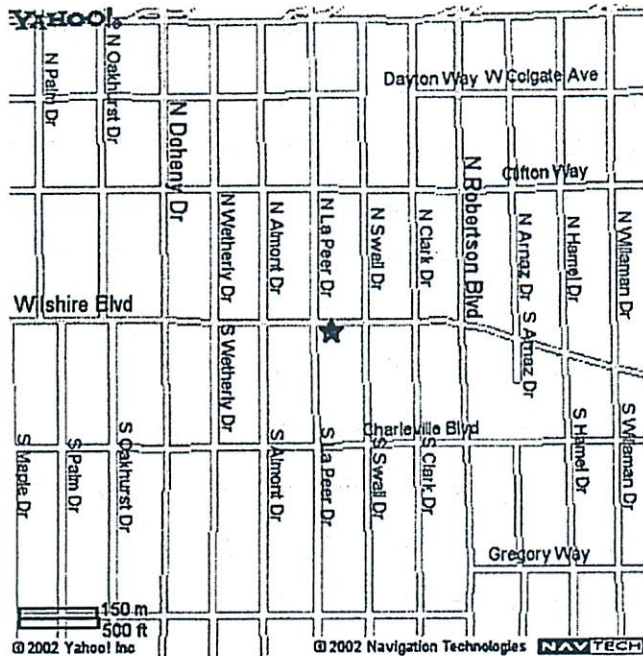
Bring this page with you on day of procedure. You do not need to send back to Dr. Treyzon.



La Peer Surgery Center, LLC

8920 Wilshire Boulevard, Suite 101 • Beverly Hills, CA 90211 • Tel: 310.360.9119 • Fax: 310.360.9115

MAP TO LA PEER SURGERY CENTER



FROM THE I-10 WEST:

Take the ROBERTSON BLVD exit
Make a RIGHT at the off ramp
Head north on Robertson Blvd
Make a LEFT onto WILSHIRE BLVD
Turn LEFT on LA PEER DRIVE

Parking entrance on your left hand side.

FROM THE I-10 EAST:

Take the LA CIENEGA BLVD – NORTH exit
Head north on La Cienega Blvd
Make a LEFT onto WILSHIRE BLVD
Turn LEFT on LA PEER DRIVE

Parking entrance on your left hand side.

IMPORTANT NOTES:

La Peer Surgery Center is located in Suite 101. Please press GARDEN/PHARMACY LEVEL on the elevator to reach our floor. From the elevator, you will make a right and head straight to the garden area. You will see a sign pointing to your right for SUITE 101.

Parking Structure Opens at 5:30AM. If you are scheduled to arrive prior to 5:30AM, please park on Wilshire and move your car immediately after the structure opens. [Please note that parking on Wilshire is PROHIBITED from 7:00A-10:00AM]

Building elevator services start at 6:00AM. If you are scheduled to arrive before 6:00AM, there are two ways to gain access to La Peer Surgery Center

If you are parked on Wilshire, a stairwell leading straight to our surgery center entrance is available.

If you are parked on P1 Valet floor, please take the stairwell up to the Garden & Pharmacy level. Please ring the doorbell so that a La Peer staff can assist you.

****Please READ any/all street signs when utilizing street or metered parking. La Peer Surgery Center will not be held liable for cars that get ticketed or towed.

Bring this page with you on day of procedure. You do not need to send back to Dr. Treyzon.

La Peer Surgery Center Patient History & Nursing Assessment

| PATIENT HISTORY/NURSING ASSESSMENT | | | | | | | | | | |
|---|-----|-------------------|--------|---|--|----|---------------------------|-----|---------|-----|
| ADMISSION FORM | | | | | Pain legs | | NO | YES | | |
| Age | Sex | Height | Weight | Possible pregnancy? No Yes Last menstrual period: | Blood Clots | | NO | YES | | |
| Scheduled operation: | | | | | Blood Thinner Medications: Coumadin, Plavix, Aspirin, Pradaxa, etc. | | NO | YES | | |
| | | | | | Dentures, bridges, loose teeth, or partial? | | NO | YES | | |
| Pain scale 0-10: | | | | | Glasses/Contact lenses or hearing aid? | | NO | YES | | |
| | | | | | Artificial objects in body? | | NO | YES | | |
| ALLERGIES/SENSITIVITIES | | | | | SOCIAL HISTORY | | | | | |
| | | | | | Drug/Iodine/Food/Latex/Sulfites/Other | | List Reaction | | Alcohol | |
| MEDICATIONS HISTORY | | | | | IMMUNE SYSTEMS | | | | | |
| | | | | | Medications/Dosage/Frequency (LIST ALL including herbal meds) Last Taken | | Drug use | | NO | YES |
| Have you had any previous anesthetics? NO YES | | | | | Recent steroid use? | | NO | YES | | |
| | | | | | Personal or family history of anesthesia problems? NO YES | | Leukemia/Lymphoma/ Cancer | | NO | YES |
| History of Malignant Hyperthermia? NO YES Year: | | | | | Radiation therapy | | NO | YES | When | |
| | | | | | Previous hospitalization? (List Reasons) NO YES | | Chemotherapy | | NO | YES |
| Previous surgery? [Please list ALL with year] NO YES | | | | | Immune disorders | | NO | YES | | |
| | | | | | Weight loss > 10 lbs | | NO | YES | | |
| Answer yes or no to each of these conditions (If yes, please list when: Year/ Date) | | | | | BLOOD/LIVER/DIGESTIVE SYSTEMS | | | | | |
| | | | | | Lungs Diseases | | Anemia | | NO | YES |
| Asthma/Wheezing | | NO | YES | Bleeding tendency/Disorders | | NO | YES | | | |
| Emphysema/COPD | | NO | YES | Hepatitis/Jaundice | | NO | YES | | | |
| Chronic cough | | NO | YES | Difficulty swallowing | | NO | YES | | | |
| Pneumonia | | NO | YES | Colon problems | | NO | YES | | | |
| Tuberculosis/ + TB test | | NO | YES | Stomach problems | | NO | YES | | | |
| Recent TB exposure | | NO | YES | Frequent heart burn | | NO | YES | | | |
| Travel within the past 10 days to Hong Kong, China, Singapore, Taiwan, Vietnam or Toronto | | NO | YES | MUSCULOSKELETAL/NEUROLOGICAL | | | | | | |
| Valley fever | | NO | YES | Convulsion/Seizures | | NO | YES | | | |
| Smoker? | | NO | YES | Blackouts/Fainting | | NO | YES | | | |
| Recent cold/flu | | NO | YES | Mental Health problems | | NO | YES | | | |
| Heart/Circulation Diseases | | with antibiotics? | | Stroke | | NO | YES | | | |
| High blood pressure | | NO | YES | Nerve/Muscle problems | | NO | YES | | | |
| Heart murmur/MVP | | NO | YES | Limited joint movement | | NO | YES | | | |
| Heart attack/ Stents/Last Cardiologist Visit | | NO | YES | Back injury/Pain | | NO | YES | | | |
| Chest pain/Angina | | NO | YES | Headache/Migraine | | NO | YES | | | |
| Irregular heart beat | | NO | YES | ENDOCRINE/ URINARY DISEASES | | | | | | |
| Pacemaker/AICD | | NO | YES | Diabetes | | NO | YES | | | |
| Short of breath/Heart Failure | | NO | YES | Thyroid disorder | | NO | YES | | | |
| Rheumatic fever | | NO | YES | Kidney problems | | NO | YES | | | |
| Patient Signature | | | | | Last time I had anything to eat or drink: | | | | | |
| Nurse's comment: | | | | | Nurse's comment: | | | | | |
| | | | | | Nurse Signature | | Date | | | |
| Anesthesia plan: | | | | | Anesthesia plan: | | | | | |
| | | | | | ASA class: | | 1 | 2 | 3 | 4 |
| MD Signature | | | | | Date | | | | | |
| | | | | | Date | | | | | |



Initial Here:

Bring this page with you on day of procedure. You do not need to send back to Dr. Treyzon.

La Peer Surgery Center List of Rights & Responsibilities for Patients

This Surgery Center has adopted the following list of Rights and Responsibilities for Patients:

PATIENT RIGHTS:

- Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care
- Treated with respect, consideration, and dignity
- Provided with appropriate personal privacy care in a safe setting, and free from all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other medical personnel who will see him/her and participate in their surgery including scrubbing.
- Receive information from his/her physician about his illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
- Receive as much information from his/her physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to decline participation in experimental or trial studies
- The right to receive marketing or advertising materials that reflects the services of the Centers in a way which is not misleading.
- The right to express their concerns and receive a response to their inquiries in a timely fashion.
- The right to self-determination including the right to accept or to refuse treatment and the right to formulate an Advance Directive.
- The right to know and understand what to expect related to their care and treatment.

PATIENT RESPONSIBILITIES:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
 - Ask for an explanation if you do not understand papers you are asked to sign or anything about your own or your child's care.
 - Gather as much information as you need to make informed decisions.
 - Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you, but you must be prepared to learn.
 - Follow the care prescribed or recommended for you or your child by the physicians, nurses and other members of the health care team; remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.
 - Respect the right and privacy of others.
 - Assure the financial obligations associated with your own or your child's care, are fulfilled.
 - Responsible for being respectful of his/her personal property and that of other persons in the Center.
 - Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don't understand, ask again.
 - Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
 - Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- I received information on patient rights, patient responsibilities, physician disclosure, advance directive policy and grievance policy at least one day in advance of my surgery.

PRINT NAME

SIGNATURE

DATE

Notice to Medicare Patients

Medicare Patients should visit the website below to understand your rights and protections

<http://www.cms.hhs.gov/center/ambudim.asp>

ADVANCE DIRECTIVES

An "Advance Directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directive differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like more information regarding advance directives in CA, visit http://ca.gov/consumers/general/adv_bc_dir.php

OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY:

The majority of procedures performed at the Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery and the care after your surgery.

PATIENT CONCERNS AND/OR GRIEVANCES:

Persons who have a concern or grievance against La Peer Surgery Center but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

La Peer Surgery Center
c/o ADMINISTRATION
8920 Wilshire Boulevard, Suite 101
Beverly Hills, CA 90211 or by
Writing the California Department of
Public Health
PO BOX 937377, MS 3000
Sacramento, CA 95899-7377