

Fresno Endoscopy Center

ORDERING PHYSICIAN: Chintanaboina, Jayakrishna

7405 N. Fresno

Fresno, CA. 93720

(559) 438- 8400

Patient Name: Melchor Murillo

ACCT#113900

Date: 05/07/2025

Appt Time: 09:10 AM

TWO DAY PREP FOR COLONOSCOPY

Please follow instructions as indicated. If proper instructions are not followed your appointment may be canceled or rescheduled and you will have to repeat the prep.

****If you're diabetic and insulin dependent please inform the staff to either adjust the dose for your medications or to hold them prior to your procedure. ****

Stop any blood thinner such as:

- **Day of the procedure**
Lovenox (Enoxaparin)
- **3 Days before the procedure**
Coumadin (Warfarin), Pradaxa (Dabigatran), and Xeralto (Rivaroxaban)
- **5 Days before the procedure**
Effient (Prasugrel), Plavix (Clopidogrel), Persantine
(also over the counter Aspirin or anti-inflammatory medications for arthritis such as Advil, Motrin, Ibuprofen, Celebrex, and Mobic)
- **Tylenol** is OKAY to take and also continue all other pain medications

*Continue to take all present medications while prepping for your procedure especially high blood pressure, heart, cholesterol, and seizure medications. You are allowed to take these type of medications the morning of your procedure with a sip of water.

Do not glue in your dentures if you wear any, we will ask you to take them out. Please bring your reading glasses if needed to read and sign the consent forms.

Please set aside approximately 2-3 hours for the overall appointment time. You will be sedated for the procedure and will need to bring a designated driver with you. No Uber, Lyft or public transportation is allowed. The driver is required to drive you back after your procedure is done. No driving or operating heavy machinery or other work requiring mental alertness for 24 hours after the procedure.

FOR THIS PREP YOU WILL HAVE TO PURCHASE 119 GRAMS OF MIRALAX OVER THE COUNTER PRIOR TO YOUR PROCEDURE

2 DAYS BEFORE PROCEDURE:

05/05

***Start a clear liquid diet:**

Juices with no pulp (apple, orange, lemon aid, pineapple, white grape), coffee (no cream), teas, clear sodas like 7up, Sprite, Sierra Mist, Ginger Ale, and Mtn Dew. chicken broth (NOT SOUP), Jell-O (LEMON OR ORANGE), popsicles (LEMON OR ORANGE ONLY) **NO SOLID FOOD, RED, PURPLE, GREEN OR BLUE DYES, DAIRY, ENSURE OR SOY PRODUCTS.** **Make sure you drink plenty of liquids while you prep for the procedure because people tend to get dehydrated while prepping**

9am Take 2 laxative tablets

11:00am Mix the 119 grams of Miralax with either 32 oz of Gatorade or Powerade into a jug and place in the refrigerator for an hour to chill

12:00pm (noon) Drink the Miralax solution at your pace, finish it within the hour

8PM TAKE 2 LAXATIVES AT WITH 8Z OF WATER

****ONE DAY BEFORE PROCEDURE:**

05/06

Continue clear liquid diet

9am take 2 laxatives tablets with 8z of water

11:00am mix the solution/PEG 3350 (Colyte or Golytely) add lukewarm drinking water OR lemon flavored gatorade to the top of the line on the bottle. Cap bottle and shake to dissolve the powder. Put in the refrigerator for one hour.

12pm (noon) drink 1 glass (8oz) every 15 min until 1/2 the gallon is gone. Do not throw away remaining solution. Place the rest of the solution in the refrigerator.

MORNING OF THE PROCEDURE:

Start the remaining prep 6 hours prior to the scheduled appointment and make sure it is completed at least 3 hours prior to the appointment time

05/07

Date

3 AM

Start time

MORNING APPOINTMENTS: YOU NEED TO BE FASTING, NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE THE PROCEDURE.

TRY TO AVOID FIBER OR FIBER SUPPLEMENTS FOR 2 WEEKS BEFORE THE PROCEDURE

PICK UP PREP AT YOUR PHARMACY

(As soon as possible due to prep shortage)

Patient needs someone to stay at home with them 24 hours after the procedure

****IF YOU HAVE ASTHMA, PLEASE BRING YOUR INHALER WITH YOU****

SAMANTHA VEGA, MA

EXT 111

California Digestive Disease Center

Ujagger S. Dhillon, M.D.

Jayakrishna Chintanaboina, M.D.

7405 N. Fresno Street Fresno, Ca. 93720

Phone (559)438-8400 Fax (559)438-0477

Lab Requisition

04/11/2025

PATIENT: Melchor M Murillo **DOB:** 02/03/1954 **GENDER:** Male
13708 E AMIGO DR Parlier, CA 93648
559-305-5153

TEST(S):
RENAL FUNCTION PANEL
DX: C61 R10.11 R10.12

LABS

****CC: Dr. DAVID PENA, Dr. DAVID PENA, PA**

LAB: Lab of your choice

PRIMARY INSURANCE: KOVA ALIGNMENT HEALTH PLAN

PATIENT INSURANCE ID: 00000415597

SECONDARY INSURANCE: MEDI-CAL OP

PATIENT INSURANCE ID: 93283949C

Please FAX the report to my office on 559-438-0477 upon completion.

This order has been electronically signed and approved.

Sincerely, Jaya Krishna Chintanaboina, M.D.

CC: DR. PENA FAX: 559-550-6262

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CT ABDOMEN + PELVIS W/WO CONTRAST
DX: R10.11 R10.12 C61

****CC: Dr. DAVID PENA, Dr. DAVID PENA, PA**

LAB: SAMC Radiology

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