Colonoscopy with 3L Prep			DOB:
	Procedure schedule	d for:	at:
		Arrival t	rime:
STARTING 5 DAYS BEFORE YOUR PR	OCEDURE:		
STOP taking iron, fish oil or vitar	nin E supplements	STOP	eating seeds, nuts, popcorn
	OK to take regular med	ications	
Make sure you have picked up you pharmacy. The Dulcolax are over the			
TWO DAYS BEFORE YOUR PROCEDU	JRE:		
Take 30 ml of Milk of Magnesia before	you go to bed.		
THE DAY BEFORE YOUR PROCEDUR	<mark>E</mark> :		
Clear liquid diet ALL day for breakfast, Sprite, Gatorade (not red, blue or purpl coffee (no milk or cream) & tea. NO SO	e), chicken broth, Jello	or popsicles (not red, blue or purple), black
8:00 am			
ADD cold water to the bowel preparation	on jug and refrigerate.		
12:00 pm			
Take all FOUR (4) bisacodyl 5mg tables	ts. Diarrhea may begin	within 1-2 hou	ırs.
4:00 pm:			
Drink eight 8-ounce glasses of the prep Drink at least an additional 32 ounces of	· · · · · · · · · · · · · · · · · · ·		ore remainder in refrigerator.
*If you have not started having	liquid stool by 8:00 pm,	take another 3	0 ml of Milk of Magnesia
THE MORNING OF PROCEDURE:			
5 hours before your procedure time:	(8 hours before	if you are hav	ring a double procedure)
Drink four 8-ounce glasses of the prep sliquid of your choice. You have two ho your procedure.	_		
Do not skip this dose of your bowel prep, dose of prep washes away the bile that yo if you do not do the second half of your pr	our body produces overni		

THREE HOURS BEFORE YOUR PROCEDURE, YOU MUST STOP DRINKING ALL FLUIDS, EVEN WATER.

(IF YOU ARE HAVING A DOUBLE PROCEDURE, YOU MUST STOP ALL FLUIDS SIX HOURS BEFORE)

See reverse side for additional instructions.

SPECIAL INSTRUCTIONS:
Nausea-if you have been prescribed Zofran (ondansetron) to prevent nausea, place 1 tablet under tongue 30 minutes before each dose of your prep. Allow yourself extra time to drink prep slowly.
High Blood Pressure-if you usually take your blood pressure medication in the morning, please take it the morning of your procedure with a small sip of water no later than three hours prior to your procedure. If your blood pressure is too high when you come in, your procedure may be cancelled.
O Diabetics-if you only take oral medications, do not take it the morning of your procedure. If you take insulin, monitor your blood sugar carefully throughout your prep. Do not take insulin the morning of your procedure but bring it with you to your appointment. Contact your endocrinologist for specific advice on how to safely do your bowel prep.
On prescription blood thinners-your provider may have recommended that you hold your blood thinner for your procedure. Our office will contact the prescribing physician for approval. If you have not heard from us within a week of your procedure for instructions, call our office.
 History of a failed or incomplete bowel prep-7 days prior to your procedure take one dose (17 g or 1 capful) of Miralax every evening for 5 days. Then follow the regular prep instructions.
On prescription weight loss medications-certain prescription weight loss medications are unsafe to take when you are having anesthesia. Please contact the physician who prescribes these for you for instructions about tapering. If you are on any medication containing phentermine, you must be off of it for at least 7 days before you have anesthesia.
If you have questions about your prep, call 434-817-8484 ext:
IMPORTANT TRANSPORTATION NOTE
Patients cannot drive a vehicle for the remainder of the day after having sedation. Please be sure to bring a responsible adult with you to drive home after your procedure.
PROCEDURE CANCELLATION, LATE ARRIVAL AND NO-SHOW POLICY
Our office must be notified of all procedure cancellations at least two days prior to your appointment. Failure to do so will be subject to a \$100 no-show fee. You must arrive at least 30 minutes prior to your procedure time, late arrivals are not guaranteed to have their procedure.
By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me.

____Signature:____

Patient Name:____