Colonoscopy with Miralax		DOB:
	Procedure scheduled fo	or:at:
Arrival time:		Arrival time:
STARTING 5 DAYS BEFORE YOUR I	PROCEDURE:	
STOP taking iron, fish oil or vit	amin E supplements	STOP eating seeds, nuts, popcorn
	OK to take regular medicat	ions
Magnesia and 64 ounces of Gatorade	or your preferred low-sugar opare the solution, you must) of Miralax (polyethylene glycol), Milk of electrolyte drink. Do not get flavors that are mix the EZ2go powder with an electrolyte inced during your bowel prep.
TWO DAYS BEFORE YOUR PROCEI	OURE:	
If you have any issues with constipat	ion, take 30 ml of Milk of Ma	gnesia before you go to bed.
THE DAY BEFORE YOUR PROCEDU	re:	
- · · · · · · · · · · · · · · · · · · ·	ple), chicken broth, Jello or p	uids include; apple/white grape juice, popsicles (not red, blue or purple), black AY BEFORE YOUR PROCEDURE!
12:00 pm		
Take four (4) bisacodyl 5mg tablets. I Mix all of the Miralax with the 64 our	5 5	
4:00 pm:		
Drink four 8-ounce glasses of the Mir your morning dose. Drink at least an	•	ninutes. Save the rest of the solution for liquid before you go to bed.
*If you have not started h	naving liquid stool by 8:00 pm,	take 30 ml of Milk of Magnesia.
THE MORNING OF PROCEDURE:		
5 hours before your procedure time:_	(8 hours before if y	ou are having a double procedure)
		every 20 minutes and then an additional 16 nis, but you must finish drinking everything
	your body produces overnight.	when you go to the bathroom. The second Your procedure may be cancelled or aborted

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. Obligation Diabetics Diabe 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

Signature:

reviewed with me.

Patient Name: