



COLONOSCOPY WITH MIRALAX/GATORADE/CRYSTAL LIGHT PREP (A.M.)

Patient Name: _____ Procedure Date: _____

YOUR BOWEL PREP IS EXTREMELY IMPORTANT! PLEASE READ INSTRUCTIONS CAREFULLY

In Advance, Before Procedure

- **Purchase:**
MiraLAX, 238g bottle
Dulcolax, 4 (5mg) tablets
Gatorade or Crystal Light, 64 oz
(No red or purple).
- **Arrange:**
For a responsible adult to stay with you during the procedure and drive you home after the procedure.
- **Last Day to Cancel:**
Call the office if you need to reschedule your appointment or if you have any questions:
(951) 652-2252

3 Days Prior Date: _____

- **Confirm:**
Confirm with an adult that you have arrangements to be driven home after procedure.
- **Stop taking these medications:**
Coumadin (Warfarin)

If you have Co-Pay, we will call you prior to your procedure to inform you. **Your Co-Payment is due at the time of service. CASH, CREDIT CARD, DEBIT or MONEY ORDER only.**

2 Days Prior Date: _____

- **Hydrate:**
At least 4 large glasses of water throughout the day!



NO SOLID FOODS AFTER MIDNIGHT AND UNTIL DISCHARGED FROM PROCEDURE!!

- **Stop taking these medications:**
Pradaxa (Dabigatran)
Xarelto (Rivaroxaban)
Eliquis (Apixaban)

If we have not called you to tell you your Co-Pay, please call our office (951) 652-2252.

Preparation Day Date: _____

- **8:a.m.:** Begin clear liquid diet, no milk, no dairy, no orange or red juices.
- **Hydrate:** Drink at least 4 large glasses of water throughout the day.



- **3 p.m.:** Take 2 Dulcolax tablets
- **4 p.m.:** Mix 238g of MiraLAX in 64oz of Gatorade/Crystal Light. Shake to dissolve. Drink one glass every 15 minutes until 1/2 the solution is gone, and then set aside.
- **5 p.m.:** Take the last 2 Dulcolax tablets
- **8 p.m.:** Drink the second half of the MiraLAX/Gatorade mixture.

If you experience nausea or vomiting, take a 30 minute break then continue prep.

- **Stop taking these medications:**
Lovenox (Enoxaparin)
Arixtra (Fondaparinux)

Procedure Day Date: _____

- You may take your essential morning medications with a **FEW SMALL SIPS** of water.
- **NO DRINKING at least 4 hours before procedure, this includes water!**
- **Bring:**
Responsible driver,
Insurance Card, Photo ID, any Co-Pay fees.
- **Note:**
The quality of your prep is the one thing you can control and will give the doctor the best view possible without having to repeat the procedure.

Initials:

Your initials confirm that you have been given this information.

You will receive a call from our office the evening prior to your appointment. Monday-Friday between 12:00 p.m. - 3:00 p.m. for your procedure check-in time.



PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS

- Co-Payment or any money due prior to your procedure must be paid in cash, credit or money order.
- The entrance to the Hemet Endoscopy Center is around the **back** of the parking lot, Suite #104.

➤ **Discontinue all blood thinners below:**

Coumadin (Warfarin)	3 days prior to procedure
Plavix (Clopidogrel)	7 days prior to procedure
Lovenox (Enoxaparin)	24 hours prior to procedure
Arixtra (Fondaparinux)	24 hours prior to procedure
Pradaxa (Dabigatran)	2 days prior to procedure
Xarelto (Rivaroxaban)	2 days prior to procedure
Eliquis (Apixaban)	2 days prior to procedure

➤ **If Diabetic please follow these guidelines:**

If taking Lantus or long acting Insulin, take only a 1/2 dose at midnight before your procedure, and **bring Insulin with you the day of procedure.**
 Glimepiride (Amaryl) hold day of procedure
 Glucotrol (Glipizide) hold day of procedure
 Glucophage (Metformin) hold day of procedure
 Actos (Pioglitazone)
 Invokana (Canagliflozin)

- Begin Clear Liquid Diet at 8:00 a.m. the day before your procedure.

ABSOLUTELY NO SOLID Foods! No milk or dairy products, no orange juice, no red or purple juices or candy.

Clear Liquid Diet:

<ul style="list-style-type: none"> ➤ WATER! ➤ Chicken Broth ➤ Beef Broth ➤ Vegetable Broth 	<ul style="list-style-type: none"> ➤ Tea or Coffee (NO cream or milk) ➤ Flavored teas ➤ Hard Candy ➤ Jell-o (No Red or Purple) 	<ol style="list-style-type: none"> 1. Clear Soft Drinks (Sprite, 7-Up) 2. Apple or White Grape Juice 3. Popsicles (NO red or purple) 4. Gatorade
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- **ABSOLUTELY NO EATING OR DRINKING THE DAY OF YOUR PROCEDURE**

➤ **Cancellation Policy:** We require a minimum of 4 working days notice of cancellation or there will be a minimum charge of \$200. **IF YOU DO RESCHEDULE YOUR APPOINTMENT MORE THAN TWICE YOU WILL HAVE TO GO BACK TO YOUR PRIMARY CARE PHYSICIAN.**

- Do not plan on working or driving the rest of the day following your procedure due to sedation given during the procedure.
- Please Provide a contact number for procedure confirmation. (____)____-_____

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