	You must be accomp		
		Materials You Will Need to Prepare F	or Your Procedure
	Purchase at the Store		
		z. bottle (over the counter)	
		xative or Bisacodyl (generic) Laxative over the c 4 oz. bottle No RED OR PURPLE	counter
		structions (see attached Clear Liquid Diet She	et)
		Special Instructions Regardin	g Medications
		plements for one week prior to the procedure da	ate. Multivitamins are OK.
	Stop taking Coumadin/Plavix days prior to your scheduled procedure date.		
	Diabetic patients:		_ _
	Do Not take Lasix, HCTZ or Dyazide (water pill) the day of the procedure		
	Heart/Blood Pressure/ Thyroid/Seizure/Nerve Medications can be taken on the day of the procedure with a sip of water. Stop Effexor one day before the procedure		
		nould bring their INHALERS with them on the c	day of the procedure
	_	notice of the first that the first t	
		The Day Before Your	
	DO NOT EAT ANY SOLID FOODS. YOU MAY ONLY HAVE CLEAR LIQUIDS UNTIL 4 HOURS BEFORE YOUR SCHEDULED ARRIVAL TIME.		
	Take all of your normal prescription medications, unless advised otherwise.		
	You may go to work, but be home by 6 pm to begin your bowel prep. Prepare the Gatorade® and Miralax solution in the morning. Mix the entire 238g bottle of Miralax with the 64 oz bottle of		
		(B) and Miralax solution in the morning. Mix the r. Shake the solution until the Miralax is dissolv	
		PM Procedure	
	At 6 pm – Take four (4) Ducolax Laxative tablets with water.		
	At 6am (or earlier) on the morning of your procedure – Begin drinking the Gatorade and Miralax solution. Drink 8		
	ounces every 10-15 minutes - <u>until the entire solution is consumed.</u>		
	You <u>must</u> finish drinking this solution by 8 am.		
Ц	☐ WITH AN AFTERNOON PROCEDURE, you may have CLEAR LIQUIDS up to 4 hours prior to your Scheduled arrival time.		
	arrivar time.		
	⇒ Question about symptoms or medications call 484-356-1050 between 7:30 am- 3:30 pm (Nurse Line)		
	⇒ General or reschedule questions call 610-431-3122		
	⇒ If you reschedule, ask to see if you need new prep instructions.		
Patient:	Print Name	Signature	Date

Procedure Date: ____/___/____

REV: 03/06/2008