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- Colonoscopy with MOVIPREP
- EGD & Colonoscopy with MOVIPREP

Patient Name: _____

Date: _____ Arrival Time for Procedure: _____

With Doctor: _____

Location: Ambulatory Endoscopy Center of Maryland Laurel Regional Hospital
 Washington Adventist Hospital Howard County General

YOU MUST FILL YOUR PRESCRIPTION FOR MOVIPREP

You will be given sedation for your procedure and **MUST** have a ride **FROM** the examination. You **CANNOT** drive yourself home and **MUST** be accompanied by a responsible adult. You **MAY NOT** go home on public transportation alone. Pick up time will be approximately 1 hour after the procedure start time.

In order to be properly prepared for your procedure, please review the Pre-Procedure requirements on the attached sheet **one week** prior to your exam and follow the instructions carefully.

The liquids in the prep will cause you to have repeated loose stools (diarrhea), which is the expected result. These solutions typically work within 30-60 minutes but may take as long as 4 hours to have an effect. During the preparation process, you are advised to have a bathroom nearby. **It is very important that you follow each step and complete all of these instructions or the colonoscopy may have to be repeated.** The bowel preparation will not work properly unless you **drink plenty of liquids.**

Should you have any questions please contact our office at **301-498-5500**.

If you should need to reschedule your procedure, we require at least 48 hour notice. If you fail to report on your procedure day or if you cancel your procedure with less than 48 hour notice, you may be subject to a \$150.00 late cancellation fee.

Address & Directions to Ambulatory Endoscopy Center of MD: 7350 Van Dusen Road, Suite 230, Laurel, MD 20707. Take I 95 to exit 33 A, Route 198 towards Laurel. At first intersection, turn right onto Van Dusen Road. At 5th traffic light, make a right into the Laurel Regional Hospital driveway. The Medical Arts Pavilion is on the right. You should report to Suite 230.

COLONOSCOPY MOVIPREP CHECKLIST

CAPITAL DIGESTIVE CARE, LLC

Appointment Day:	M	Tu	W	Th	F
Date:	_____				
Arrival Time:	_____				

Step 1:

(5) Five days before your colonoscopy: Date: _____

- Please read through entire instruction sheet
- Fill prescription for Moviprep
- Discontinue medications containing iron
- Discontinue Ibuprofen, Advil/Motrin/Aleve & Anti-Inflammatory Medications & other NSAIDS. _____
- You may use Tylenol (Acetaminophen) for discomfort
- Discontinue blood thinners/anticoagulation medications (e.g. Plavix/Coumadin/Warfarin/Eliquis) as instructed by your physician, but take all other medications including blood pressure medication
- Arrange your ride home from your procedure
- Notes: _____

Step 2:

(3) Three days before colonoscopy: Date: _____

- Stop eating high fiber foods including: nuts, corn, popcorn, raw fruits, raw vegetables & bran

Notes: _____

Step 3: (CLEAR LIQUIDS DIET ONLY TODAY)

(1) One day before your colonoscopy: Date: _____

- No solid foods or milk products for the entire day
- In the morning, begin clear liquid diet the entire day (No red, blue or purple liquids or alcohol today)
- Examples of clear liquids: coffee or tea (no milk or milk products), clear broth or bouillon, carbonated or non-carbonated soft drinks such as 7-Up, Sprite, Ginger Ale, Mt. Dew (regular or diet), lemonade (no pink lemonade or pulp), fruit juices without pulp, Jell-O (yellow or green only), popsicles (yellow, green, orange only), hard candy
- In the morning, Empty (1) pouch A and (1) pouch B into the provided container. Add lukewarm water to the top line of the container. Mix to dissolve. You may add a teabag for taste if desired. Refrigerate the mixed solution if you wish to drink cold.
- Drink 6-8 glasses of fluid throughout the day to avoid dehydration
- At _____ am/pm:** Begin drinking the 1st batch of solution. The container is divided by four marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz.). Continue until the full liter is completed (**approximately 5pm**). Follow by drinking 16 oz. of clear liquids.

(continued next box)

Step 3: (continued) (1) One day before your colonoscopy: Date: _____

- After drinking the 1st full container, mix the 2nd batch that includes pouch A and B into container. Add lukewarm water to the top line of the container. Mix to dissolve. You may add a teabag for taste if desired. Refrigerate the mixed solution if you wish to drink cold
- At _____ am/pm:** Begin drinking the 2nd batch of solution. The container is divided by four marks. Every 15 minutes, drink the solution down to the next mark (**approximately 8 oz.**). Continue until the full liter is completed (**approximately 10pm**). Follow by drinking 16 oz. of clear liquids.
- Drinking through a straw or cold may help with the salty taste of the solution. If you feel nauseated during the process, take a break from drinking for 30 minutes and restart the process again until all solution is finished.

Notes: _____

COLONOSCOPY MOVIPREP CHECKLIST

CAPITAL DIGESTIVE CARE, LLC

Step 4:
Day of your colonoscopy: Date: _____

- NO gum, mints, hard candy or smoking day of procedure**
- In the morning, take all other medications including blood pressure medication with sips of water
- DO NOT eat, smoke or chew anything by mouth 8 hours before your procedure**
- You may drink clear liquids up to 4 hours before leaving for your procedure. **Stop time:** _____
- If you are asthmatic, please bring your inhaler with you on the day of your procedure.
- Please bring with you: insurance cards, any co-payment required, medical history forms, driver’s license or photo ID. Leave valuables & jewelry at home. Wear comfortable clothing.
- Your ride must park and come into the center waiting room to escort you home.

Notes: _____

You may receive a total of 4 statements; (1) Ambulatory Endoscopy Center of MD (facility), (2) Capital Digestive Care (physician), (3) Corridor Anesthesia (anesthesia) & (4) Capital Digestive Care Pathology (pathology).
11/08/17 GG/RJ