



NAME: _____

We perform procedures at the following locations:

- | | |
|---|---|
| <input type="checkbox"/> GIEA
15005 Shady Grove Rd. Ste 200
Rockville, MD. 20850 | <input type="checkbox"/> Shady Grove Adventist Hospital
Out-Patient Surgery Center
9901 Medical Center Dr. 1st
Rockville, MD. 20850 |
|---|---|

Please **ARRIVE** at: _____ on _____
DATE TIME

Procedure Time: _____

PREPARATION INSTRUCTIONS FOR COLONOSCOPY (MoviPrep METHOD)

PLEASE PURCHASE: MoviPrep (prescription needed)

7 DAYS BEFORE YOUR PROCEDURE:

•Discontinue medications containing iron; follow your provider’s instructions regarding aspirin, Plavix or anticoagulation medicines (e.g. Coumadin, Pradaxa, Xeloda).

3 DAYS BEFORE YOUR PROCEDURE: Avoid popcorn.

THE ENTIRE DAY PRIOR TO YOUR PROCEDURE YOU MUST BE ON A CLEAR LIQUID DIET – NO SOLID FOODS

- Drink 6-8 glasses of water during the day
- Coffee or Tea (no milk)
- Clear broth or bouillon – MUST drink 16oz of either broth or bouillon
- Carbonated or non-carbonated soft drinks (Coke, Pepsi, Sprite, etc.)
- Clear fruit juices (i.e. apple juice, cranberry, white grape juice, Gatorade, etc.)
- Jell-O, popsicles, hard candy

NOTE: Dark color clear liquids such as red or purple are ok to have just be sure to drink lots of water as well.

FOLLOW THESE INSTRUCTIONS AS THEY APPEAR ON THIS FORM AND NOT WHAT'S INDICATED ON THE BOX

STEP 1: **AT 6:00 P.M.** THE DAY BEFORE YOUR PROCEDURE TIME:

- Empty 1 Pouch A and 1 Pouch B into the disposable container.
- Add lukewarm drinking water to the top line of the container. Mix to dissolve. (If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.)
- The MoviPrep container is divided by 4 marks.
- Every 15 minutes, drink the solution down to the next mark (approximately 8 oz.) until you have finished drinking the full liter.
- Drink an additional 16 oz. of a clear liquid of your choice.

Capital Digestive Care

Alan N. Schulman, MD
 Julia C. Korenman, MD
 Lawrence A. Bassin, MD
 David L. Jager, MD
 Olanma Y. Okoji, MD
 Brian Ciampa, MD
 Leigh Lurie, MD
 Colleen M. Kennedy-Smith, CRNP
 Lisa Rainsford, PA-C

ROCKVILLE, MD
14955 Shady Grove Rd
Suite 150
Rockville, MD 20850

301.340.3252 **PHONE**
301.340.1423 **FAX**

STEP 2: **AT 10:00P.M.** THE DAY BEFORE YOUR PROCEDURE TIME: **REPEAT STEP 1.**

- ❖ *****IF YOU'RE PROCEDURE TIME IS 11:00 A.M. OR LATER, STEP 2 SHOULD BEGIN AT 6:00A.M. FINISH THE MOVI PREP SOLUTION BY 7:00AM. ALL LIQUIDS MUST BE STOPPED 4 HOURS PRIOR TO YOUR PROCEDURE TIME**
- ❖ **DAY OF YOUR EXAM:** Take all of your morning medications with small sips of water ONLY UP UNTIL 4 HOURS PRIOR TO YOUR PROCEDURE.
- ❖ **4 HOURS PRIOR TO YOUR EXAM YOU MUST HAVE NOTHING TO EAT, DRINK, SMOKE OR CHEW.**

PLEASE NOTE: IF YOU FIND IT NECESSARY TO CANCEL YOUR PROCEDURE WITHIN 48 HOUR PRIOR TO THE SCHEDULED APPOINTMENT A \$150 CANCELLATION FEE WILL BE CHARGED.

If you have any urgent questions after hours, regarding the prep or procedure, please contact the Doctor on call at 301-340-3252