



COLONOSCOPY_____

COLONOSCOPY/EGD_____

MOVIPREP

NAME _____

FACILITY _____

DOCTOR _____

DATE _____

ARRIVAL TIME _____

1. You will need to purchase **MoviPrep** (with a prescription) at the pharmacy. Please fill this in a timely manner.
2. Continue to take your regular prescribed medications as you normally would. If you are diabetic, do **NOT** take your oral medication the morning of procedure: **if you are on insulin, please contact your prescribing physician for dosage instructions.**
3. Discontinue iron 5 days prior to procedure. This does not include a multi vitamin.
4. If you take Coumadin, Warfarin, Pradaxa (dabigatran) or Xarelto, please **CALL THE OFFICE AS SOON AS POSSIBLE** for instructions. Do not stop any other blood thinners unless you have been instructed to do so.
5. If you use an inhaler for lung disease (e.g. asthma, emphysema) on a daily basis, please take your usual dose on the day of your exam prior to the procedure. **Please bring your inhalers with you.**
6. Bring a complete list of current medications.
7. After your examination:
 - You may not work or drive the day of your procedure. **A RELATIVE OR FRIEND MUST ACCOMPANY YOU AND MUST REMAIN ON THE PREMISES. FAILURE TO DO SO MAY RESULT IN CANCELLATION OF YOUR PROCEDURE.**
 - You should not plan to engage in any activity requiring physical coordination or mental alertness until the next morning.

SEE OTHER SIDE OF THIS PAGE FOR SPECIFIC PREP INSTRUCTIONS

**If you have any questions, or are having difficulty tolerating prep,
please feel free to call our office**

Patient Instructions

- **Two days** before procedure, avoid seeds, nuts, popcorn, raw vegetables, and fruits with skin. We prefer you eat chicken, fish or pasta.
- **THE DAY BEFORE YOUR PROCEDURE YOU MAY HAVE NOTHING BUT CLEAR LIQUIDS (NO RED OR PURPLE)**

Clear liquids include: **Clear broth or Bouillon** (chicken, beef, onion); **Juice** (apple, orange, lemonade)—**NO PULP Water/Coffee/Tea allowed** (Sugar is OK but **NO CREAM OR MILK**); **Jell-O/Popsicles/Soda Pop/Hard candies are allowed.**

AVOID: ALL SOLID FOODS, ANYTHING THICK IN TEXTURE OR CONTAINING PULP, ALL DAIRY PRODUCTS, ALCOHOL

The Moviprep carton contains 4 pouches and a disposable container for mixing. **YOU MUST COMPLETE THE ENTIRE PREP TO ENSURE THE MOST EFFECTIVE CLEANSING.**

Date _____ Beginning at 5:00 PM

STEP 1: Mix First Dose

- Empty 1 Pouch A and 1 Pouch B in the disposable container.
- Add lukewarm drinking water to the top line of the container. Mix to dissolve.

STEP 2: Drinking the first dose

- The Moviprep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed. Drinking slowly and using a straw may be helpful.
 - Drink 16 oz of the clear liquid (see above) of your choice. This is a necessary step to ensure adequate hydration and an effective prep.
-

Date _____ Beginning at _____

STEP 3: Mix Second Dose

- 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.

STEP 4: Drink Second Dose

- The Moviprep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed. Drinking slowly and using a straw may be helpful.
- Drink 16 oz of the clear liquid of your choice (see above). This is a necessary step to ensure adequate hydration and an effective prep.

You must complete your last dose by _____.

YOU MAY HAVE NOTHING BY MOUTH AFTER COMPLETION OF THE ABOVE PREP.

You may take your usual heart, lung, blood pressure, or seizure medications on the morning of your procedure with a sip of water only.

GOOD PREP RESULTS = CLEAR OR YELLOW LIQUID STOOL