

Your preparation instructions for your Colonoscopy using: **CLENPIQ**

Location: The Center for Digestive Endoscopy 1817 N. Mills Ave. Orlando FL. 32803

Phone: 407-896-1726

Date: _____ Time: _____ Please arrive
at: _____

IMPORTANT INFORMATION:

1. If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa. Call our office for instructions on the possibility of stopping the medicine.
2. If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
3. **If you are SICK, have ANY cold symptoms, taking ANTIBIOTICS, pending Stress or Heart Test or have any major changes in your medical history – Please Call Our Office Immediately For Instruction**
4. (5) Days before your procedure – STOP any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine.
5. Avoid using un-prescribed recreational/street drug(s) including marijuana 24 hours prior to the procedure.
6. If you are taking any diet pills, stimulants and/or appetite suppressants: **STOP** two (2) weeks prior to procedure to avoid possible cardiac complications.
7. **Fill your prescription for CLENPIQ**, at least (5) days prior to your test. **(Keep in room temperature).**

DAY BEFORE YOUR PROCEDURE:

1. DO NOT take any **ORAL** Diabetic medication on the day of your prep or the day of your procedure.
For INSULIN dependent patients – please call the doctor that controls your diabetes for instructions.
2. Start a Clear liquid diet upon awakening. **Must drink CLEAR LIQUIDS ONLY throughout the day to avoid dehydration. NO SOLID FOOD! MUST DRINK 1 GAL. OF LIQUIDS BY 5PM.**
3. Daily medications may be continued, unless otherwise specified.
4. **AT 5:00PM** – Drink the 5.4 oz bottle of Clenpiq – DO NOT CHUG.
 - Once you have finished the bottle, follow with five (5) 8 oz. cups of clear liquids within five (5) hours.
5. **AT 10:30PM** – **REPEAT** the steps noted on #4 above.
 - Follow with at least Three (3) 8 oz. of clear liquids within two (2) hours.
6. **NOTHING BY MOUTH FOUR (4) HOURS BEFORE YOUR PROCEDURE TIME.**

****PLEASE BE AWARE THAT YOU MUST HAVE 3 CONSECUTIVE, CLEAR OR YELLOW BOWEL MOVEMENTS WITH NO SOLID MATERIAL AFTER PREP HAS BEEN COMPLETED****

CLEAR LIQUIDS INCLUDE: **NO RED/PURPLE COLORS, NO MILK OR MILK PRODUCTS OR ALCOHOL**

- Broths (Only liquid)
- Clear fruit juices (apple, white grape)
- Soda, Gatorade, Popsicle
- Water, Coffee & Tea
- Ensure CLEAR or Pedialyte
- Jello-O, Sorbet/Frozen Ices

DAY OF PROCEDURE:

1. **NOTHING BY MOUTH** – this includes Water. **DO NOT** chew anything (including gum),
2. DO NOT use breath spray or eat candy or mints the morning of your procedure.
3. You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **3 hours prior to arriving, with a small sip of water.**
4. You **MUST** have a responsible adult (over the age of 18) who will remain with you in the center and take you home.
5. Items NOT allowed for your procedure: jewelry, cell phones and watches. Also, please do not wear heels or wedges.

****FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee will apply)****

WE REQUIRE A 48 HOUR NOTICE FOR ANY CANCELLATIONS TO AVOID A \$100 CHARGE

FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service.

Please call our billing department for further assistance at 407.896.1726, prior to the procedure date.

Patient Signature: _____

Date: _____

