Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You must call 48-hours in advance to reschedule or cancel or you will be charged a $150 fee.*

Call (601) 268-5680 if you have

questions or need to reschedule.

**IMPORTANT**

**1. NOTHING by mouth 3 hours**

**prior to your procedure:\_\_\_\_\_\_\_**

(THIS INCLUDES YOUR MEDICATION! If you take blood pressure, heart or seizure medication, you MUST take 3 hours before your procedure!)

**2. Do not consume gum, mints and/or smokeless tobacco 3 hours prior to the procedure!**

**3. DO NOT STOP any inhalers you are prescribed.**

**Diabetics:** Day prior to procedure: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No diabetic medicine the day of the procedure.

**Meds & Vitamins to Avoid 5 Days Prior**

(*Continue all meds unless otherwise noted)*

- Aleve, Naprosyn (naproxen) - Iron

- Motrin, Advil (ibuprofen) - Fish Oil

- Excedrin - BC Powder

- Multivitamin - Vitamin E

*Instructions for Blood Thinners & Aspirin:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Clear Liquid Diet**

- Broth

- Black Coffee (no cream/creamer)

- 7-Up or Sprite (flat)

- Tea (sweet or unsweet)

- Jell-O (green or yellow)

- Hard Candy (peppermint/butterscotch)

- Water/Flavored Water (clear)

- Fruit Juice (apple, cranberry, white grape)

- Popsicles (green or yellow)

- Powerade or Gatorade (clear, green or yellow)

- No alcohol products

Nothing red, blue or purple except cranberry/cranapple juice.

**Prep & Diet Instructions**

**Day Before Procedure (Morning)**

* Start clear liquid diet when you wake up!– **NO SOLID FOODS!**

**Day Before Procedure (Evening)**

* Starting at 6 PM: Mix the contents of the dose 1 pouch with 16 oz of water. Shake or stir with spoon until completely dissolved. This may take 2-3 minutes. Drink mixture within 30 minutes.
* If you feel full or queasy, briefly stop, then resume

at a slower rate.

* Drink an additional 16 oz of clear liquids of your choice.

This is a necessary step to ensure an effective prep. DRINK!!!

* A bowel movement should occur 1-2 hours later.
* **(You must drink plenty of fluids the day before the procedure to ensure an effective prep.)**

**Morning of Procedure**

* You will complete the 2nd portion of the prep at this time.
* Mix the contents of dose 2 (pouch A and pouch B) with 16 oz of water. Shake or stir with a spoon until completely dissolved. This may take 2-3 minutes. Drink mixture within 30 minutes.
* Drink 16 oz of clear liquids of your choice. This is a necessary step to ensure an effective prep. DRINK!!!
* All prep must be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_.
* Remain on clear liquids until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Other Details**

* Disregard prep instructions provided by the pharmacy.
* A licensed driver must check in with you and remain in the lobby during your procedure. If you use transportation services, you must also have a responsible adult with you for 24 hours after the procedure.
* Dress for comfort. Loose clothing, no jewelry/valuables
* Women of childbearing age are required to give

a urinalysis (pregnancy test) upon arrival

* If you are on home oxygen, please bring it with you to the procedure.
* You prep has been sent to pharmacy on file.

**If instructions are not followed correctly, your procedure may be delayed or rescheduled.**