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

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

**IMPORTANT**

**1. NOTHING by mouth 3 hours**

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

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

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

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

**Diabetics:** Day before 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.

Call (601) 268-5680 if you have

questions or need to reschedule.

**Prep & Diet Instructions**

**Day Before Procedure (Morning)**

* Start clear liquid diet when you wake up– **NO SOLID FOODS!**
* Fill gallon container with water, shake, refrigerate

 (For taste, add Crystal Light, eat a peppermint, use a straw)

**Day Before Procedure (Evening)**

* 6 PM: Drink 8 oz of solution every 10-15 min until you finish ¾ of the container
* If you feel queasy, stop for 30 min, then resume at a slower rate
* 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.)**
* Save & refrigerate the rest of the contents for the next day

**Morning of Procedure**

* You will complete the 2nd portion of the prep at this time.
* Complete remainder of prep by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Nothing by mouth including gum, mints and/or smokeless tobacco products after time listed above.

**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.
* Your prep has been sent to pharmacy on file.

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