



# COLONOSCOPY ORDER & MOVIPREP PACKET

Procedure Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ am/pm

Procedure Time: \_\_\_\_\_ am/pm

**Ordering Physician**

Dr. Ranvir Singh  
Dr. Stephen Rashbaum  
Dr. Nitin Parikh

**Procedure Location:**

Emory Johns Creek Outpatient

Northside Forsyth Outpatient

Johns Creek Endoscopy Suite

**You will be charged \$250 if you no show, cancel/reschedule without 48 hours notice. 770-227-2222**

**BOWEL PREP:**

1. We have forwarded a prescription for **MoviPrep** to your pharmacy.
2. You will need to be on a strict **CLEAR LIQUID DIET**, the entire day *prior* to your scheduled procedure.
3. At **6:00** pm on the day *prior* to your procedure, you will initiate mixing and drinking your first round of the MoviPrep.

Take 1 packet of Powder A and 1 packet of Powder B and place them in the clear 32oz container supplied by the pharmacy. Mix the powders with 32 oz of a **sweet clear liquid**. (Lemonade, Ice-tea) Drink the entire mixture over the course of **one hour** until the mixture is gone. Then drink an additional 16 ounces of a clear liquid.

4. 5 1/2 hours *prior* to your scheduled procedure at \_\_\_\_\_ am, you will repeat step 3 as above.
5. You may continue a clear liquid diet until you initiate step 4. **YOU MAY HAVE NOTHING BY MOUTH** for 4 hours prior to your procedure.
6. **NOTE: DO NOT EAT, SMOKE OR CHEW AFTER MIDNIGHT.** You may

have your clear liquids with your second dose of **Moviprep**.

**DRIVING INSTRUCTIONS:**

Please arrange for a responsible adult to drive you to and from the facility. They must plan on staying at the facility during the procedure. Your procedure may be cancelled should you arrive without a driver.

It is best if you can have a responsible adult with you for at least 8-hours following your procedure.

You will not be permitted to drive for 24-hours after the procedure due to anesthesia. You should also refrain from making any important and financial decisions during this time.

**INSURANCE NOTE:**

Please bring your driver's license and insurance card to every appointment; even your procedure.

Remember it is your responsibility to contact your insurance company to verify your insurance coverage for this procedure.

**\*\* You may want to bring or wear warm socks, as the procedure area tends to be cool.**

-Take your **Heart & Blood Pressure** medications as instructed unless your doctor instructs you otherwise.

-If you have **Diabetes**, please follow the instructions below:

\*Do not take your diabetes **pills** the morning of the procedure. Feel free to bring them with you to take following the procedure.

\*If you take **Regular Insulin**, do not take it the morning of your scheduled procedure. Please bring it with you to take following your procedure.

\*If you take NPH, or Lantus-type Insulin, take 1/2 of your regular dose the morning of your scheduled procedure.

**-Do NOT take any of the following Medications:**

\*Coumadin-**Stop 3 Days Prior**

\*Plavix, Aspirin, Ibuprofen, Iron and Multivitamins-**Stop 7 Days Prior**

Please remove all jewelry prior to your procedure.