

COLONOSCOPY ORDER & MOVIPREP PACKET

Procedure Date: _____

Procedure Location:

Arrival Time: _____ am/pm

Dr. Ranvir Singh

Dr. Stephen Rashbaum

Emory Johns Creek Outpatient

Procedure Time: _____ am/pm

Northside Forsyth Outpatient

You will be charged \$250 if you no show, cancel/reschedule within 48 hours. 770-227-2222

Johns Creek Endoscopy Suite

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.

MEDICATIONS:

-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 ½ 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.