



COLONOSCOPY ORDER & MOVIPREP PACKET

Procedure Date: _____

Arrival Time: _____ am/pm

Procedure Time: _____ am/pm

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

Ordering Physician

Dr. Ranvir Singh
Dr. Stephen Rashbaum
Dr. Long Nguyen
Dr. Nitin Parikh
Dr. Ruth Montalvo
Dr. Jae Kim

Procedure Location: (CIRCLE ONE)

Digestive Care Endoscopy (678) 208-2131
11315 Johns Creek Pkwy Ste 420, Johns Creek
Emory Johns Creek Outpatient (678) 474-8100
6325 Hospital Parkway, Johns Creek
Northside Forsyth Outpatient (770) 844-3200
1200 Northside Forsyth Drive. Cumming

BOWEL PREP:

- Starting the morning of _____ you will need to be on a **STRICT CLEAR LIQUID DIET**, the entire day.
- At **6:00 pm** on _____, 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.
- 5 1/2 hours **prior** to your scheduled procedure at _____ am, you will repeat step 2 as above.
- You may continue a CLEAR LIQUID DIET with your second dose of MoviPrep. **YOU MAY HAVE NOTHING BY MOUTH 4 HOURS PRIOR TO YOUR PROCEDURE.** Stop @ _____.
- NOTE: DO NOT SMOKE OR CHEW ANYTHING AFTER MIDNIGHT.**

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.

****Please do not wear any jewelry or contacts to your procedure.**

****Make sure to bring warm socks due to the procedure area being cool.**

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 1/2 of your regular dose the morning of your scheduled procedure.

-Do NOT take any of the following Medications:

*Xarelto, Eliquis, Pradaxa – Stop 2 Days Prior

*Warfarin -**Stop 3 Days Prior**

*Clopidogrel, Effient, Brilinta, Aspirin 325mg, Ibuprofen – **Stop 5 days prior**

*Iron, Multivitamins, and Fish Oil -**Stop 7 Days Prior**