CHOSTIC & THE WALL OF THE CHOSTIC OF

Colonoscopy Prep Instructions – Clenpiq with 2 doses of Milk of Magnesia

621 Ridgley Ave, Suite 101 Annapolis, MD 21401 410-224-3636

F: 410-972-2698

YOUR BOWEL PREP IS VERY IMPORTANT- Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep. If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.

| Prior to your procedure: | | 2 Days Prior | 1 Day Prior | Procedure Day |
|--|---|---------------------------|--|--|
| Your prescription is sent to your pharmacy | Avoid consuming all food | Drink at least four | Clear liquid diet continues all | Clear liquid diet until 4 hours prior |
| after your pre-op call or office visit has | with seeds, corn and nuts <u>5</u> | 8oz. glasses of water | day today. | to your procedure. |
| been completed. Please pick up your | <u>days</u> prior to your | throughout the day. | Drink at least four 8oz. glasses | |
| prescription within 72 hours. | procedure. | | of water throughout the day. | Morning Dose of Clenpiq: (Part 2) |
| You will need to arrange for a responsible | Stop taking all NSAIDS. | | No alcohol the day before or | 5 hours prior to your procedure. |
| adult to drive you home. You cannot | Ibuprofen, Advil, Aleve, etc. | | day of your procedure. | Step 1-Drink 2nd bottle of Clenpiq |
| drive until the day after your procedure. | 5 days prior to your | Eat a light dinner. | If you are taking <u>diabetic</u> | solution. Shake well prior to drinking. |
| A taxi, ride share, or shuttle is not an | procedure. You may take | | medication, cut your dose in | Drink all of the solution in the bottle. |
| approved means of transportation unless | Tylenol as needed. | <mark>6рт:</mark> | half this day and do not take | Step 2- Drink five 8oz glasses of clear |
| you have a family member or friend with | | Begin Clear liquid | any diabetic medication day of | liquid (total of 40oz). Drink each 8oz |
| you. | Inhalers and Nasal Spray- | <mark>diet.</mark> | procedure. | every 15 minutes. |
| If you take Phentermine: stop taking this | Continue as prescribed. | Take 4 tablespoons | 4pm: | It should take you no more than 1 |
| 10 days prior to your procedure. | Please bring with you on day of procedure. | of Milk of Magnesia | Take 4 tablespoons of Milk | hour to complete these steps. |
| | Blood Pressure and other | followed by 32 | of Magnesia followed by 32 | You must finish all of the prep, |
| If you take weekly injections for weight | essential medications: | ounces of water | ounces of water over one | including the water 4 hours prior to |
| loss or Diabetes: do NOT take this within | Continue as prescribed. Take | over one hour. | hour. | your procedure. Please call the |
| <u>7 days</u> of your procedure. | these medications on the | | 6pm: Clenpiq Prep- (Part 1) | office if your prep results are not |
| <mark>lf you take iron, dietary, herbal or fiber</mark> | day of your procedure with a | Acceptable clear | Step 1-Drink 1 st bottle of | clear like water or a transparent |
| supplements: stop taking these 7 days | SMALL sip of water at least 2 | liquids include: water, | Clenpig solution. Shake well | yellow at this time. |
| prior to your procedure. | hours before procedure. | clear broth, apple | prior to drinking. Drink all of | |
| If you take a blood thinner: | | juice, white cranberry | the solution in the bottle. | You cannot have ANYTHING AT ALL |
| Please contact the prescribing doctor to | If you wear contacts: please | juice, white grape | Step 2- Drink five 8oz glasses | by mouth for at least 4 hours prior |
| obtain a blood thinner hold order. The office can fax this order to us at 410-972- | remove them at home or | juice, soda, jello, | of clear liquid (total of 40oz). | to scheduled procedure time. This |
| 2698. | bring your contact lens | popsicles, coffee, and | Drink each 8oz every 15 | includes ice, water, gum, hard candy |
| If you see a specialist: We will need to | supplies with you if you don't | tea. | minutes. | and mints. |
| review the notes from your most recent | have glasses to wear. | You may have any | · | |
| office visit, labs, and test results prior to | Please leave jewelry and | transparent liquid. | It should take you no more | No smoking the day of procedure. |
| your procedure. You can call their office to | other valuables at home. | Nothing with milk or | than 1 hour to complete these | Please remember to bring your: |
| request these be faxed to us at 410-972- | | creamer. | steps. | -Current Medication list with the last |
| 2698. | Contact our pre-operative | | If you are unable to tolerate | dose for each medication taken |
| If you develop any covid, flu, or cold like | department with any questions at 410 224-3636 | Nothing red, blue or | the prep, please call 410-224- | -Insurance Cards |
| symptoms within 2 weeks of your | Option 2. | purple in color are | 4887 to speak to the on call | -Driver's License/Photo ID |
| procedure date, please call us at 410-224- | Οριίστι 2. | allowed. | doctor. | -Any co-insurance fees that are due. |
| 3636 | | | | |



- This form must be <u>completed</u> prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.

| Medication Name | Dose | Frequency and Time(s) Taken | Date / Time of Last Dose |
|-----------------|------|-----------------------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Patient Signature | Date |
|-------------------|------|



Patient Signature

Date