



Colonoscopy Prep Instructions - Miralax/Gatorade/ 2 doses of Milk of Magnesia

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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
Purchase Milk of Magnesia and Miralax	Avoid consuming all food		Clear liquid diet all day today.	Clear liquid diet until 4 hours prior to
from the pharmacy.	with seeds, corn and nuts <u>5</u>	Drink at least four 8oz.	Drink at least four 8oz. glasses	<mark>your procedure.</mark>
	<u>days</u> prior to your	glasses of water	of water throughout the day.	
Purchase 64 ounces of Gatorade.	procedure.	throughout the day.		Morning Dose of Prep
(Cannot be red, blue, or purple.)	Stop taking all NSAIDS.		No alcohol the day before or day	5 hours prior to your procedure.
	Ibuprofen, Advil, Aleve, etc.		of your procedure.	Drink 32oz of Gatorade/ Miralax
You will need to arrange for a responsible	<u>5 days</u> prior to your			Solution.
adult to drive you home. You cannot	procedure. You may take	Eat a light dinner.	If you are taking <u>diabetic</u>	Drink 8oz every 15 minutes until
drive until the day after your procedure.	Tylenol as needed.	cat a light dinner.	medication, cut your dose in	complete.
A taxi, ride share, or shuttle is not an		Have a light diamon	half this day and do not take any	 Follow this with two 8oz glasses of
approved means of transportation unless	Inhalers and Nasal Spray-	Have a light dinner.	diabetic medication day of	water or clear liquid.
you have a family member or friend with	Continue as prescribed.	6pm: Take 4	procedure.	
<u>you.</u>	Please bring with you on day	tablespoons of Milk	8am: mix 8.3oz of Miralax with	You must finish all of the prep,
If you take Phentermine – stop taking this	of procedure.	of magnesia,	64 ounces of Gatorade. Stir/	including the water 4 hours prior to
10 days prior to your procedure.	Blood Pressure and other	followed by 32	shake until dissolved. Chill	your procedure. Please call the office
If you take weekly injections for weight	essential medications:	ounces of water.	solution.	if your prep results are not clear like
loss or Diabetes: do NOT take this within	Continue as prescribed. Take	No solid foods after		water or a transparent yellow at this
7 days of your procedure.	these medications on the	this dose.	4pm: Take 4 tablespoons of	time.
If you take iron, dietary, herbal or fiber	day of your procedure with a	Begin clear liquid	Milk of magnesia, followed	
supplements, stop taking these 7 days	SMALL sip of water at least 2	diet.	by 32 ounces of water.	You cannot have ANYTHING AT ALL
prior to your procedure.	hours before procedure.	Acceptable clear	•	by mouth for at least 4 hours prior to
If you take a blood thinner-		liquids include: water,	6pm: Drink 32oz of Gatorade/	scheduled procedure time. This
Please contact the prescribing doctor to	If you wear contacts: please	clear broth, apple	Miralax Solution.	includes ice, water, gum, hard candy
obtain a blood thinner hold order. The	remove them at home or	juice, white cranberry	• Drink 8oz every 15 minutes	and mints.
office can fax this order to us at 410-972-	bring your contact lens	juice, white grape	until complete.	
2698.	supplies with you if you don't	juice, soda, jello,	• Follow this with two 8oz	No smoking the day of procedure.
	have glasses to wear.	popsicles, coffee, and	glasses of water or clear	Please remember to bring your:
<u>If you see a specialist:</u> you can request	Please leave jewelry and	tea.	liquid. Every 15 minutes for	-Current Medication list with the last
that your most recent visit summary, labs,	other valuables at home.	You may have any	a total of two glasses.	dose for each medication taken
and test results from that office be faxed		transparent liquid.	<u>a total of two glasses.</u>	-Insurance Cards
to us at 410-972-2698	Contact our pre-operative	Nothing with milk or	If you are unable to tolerate	-Driver's License/Photo ID
	department with any	creamer.	the prep, please call 410-224-	-Any co-insurance fees that are due.
If you develop any covid, flu, or cold like	questions at 410 224-3636	Nothing red, blue or	4887 to speak to the on call	
symptoms within 2 weeks of your	Option 2.	purple in color are	doctor.	
procedure date, please call us at 410-224-3636.		allowed.	doctor.	



- 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