

Prep Date: _____

Procedure Date: _____

Pocono Ambulatory Surgery Center – The facility will call you the day before with your arrival time.

Pocono Medical Center – Please arrive in Central Registration 1 ½ hours before your procedure time: _____

One week before your colonoscopy: Pick up your prescription for the MoviPrep from your pharmacy. We send prescriptions electronically, therefore your prescription will be sent directly to your pharmacy...Avoid any green, leafy vegetables three days prior to your procedure.

One day before your colonoscopy: Follow a clear, liquid diet from the time you wake up in the morning.

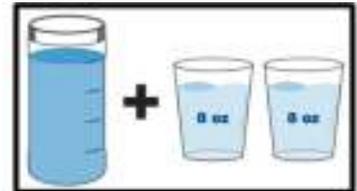
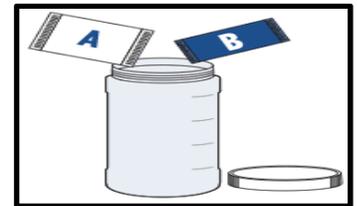
What you can have:

Soda, Coffee, Tea, Fruit juices without pulp
Gatorade, flavored Jello without fruit
Clear beef or chicken broth
Ice popsicles

What you can't have:

Solid foods
Milk or dairy products
Coffee creamer
Anything red in color

1. In the morning, prepare your MoviPrep solution. In the kit you will find four pouches: 2 pouches A, 2 pouches B. Empty one A and one B into the disposable container. Add lukewarm water to the fill line and mix to dissolve. You can also use Gatorade instead of water or use Crystal Light packets to make the solution easier to taste. Refrigerate.
2. Begin Drinking your prep at **4:00pm.**
3. The MoviPrep container is divided by four marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 ounces), until the full liter is complete. Be sure to drink all of the solution.
4. Drink 16 ounces of a clear liquid of your choice.
5. Prepare the second container of MoviPrep and refrigerate.
6. Begin Drinking the second container at **9:00pm.**
7. Continue drinking clear liquids until bedtime. **Do not eat or drink anything after midnight.**



SPECIAL INSTRUCTIONS

1. If you are allergic to latex products, have sleep apnea, or a history of hepatitis, please notify us.
2. No aspirin products, including ibuprofen, for ____ days prior to the colonoscopy. Tylenol is okay.
3. If you take ginkgo, vitamin E, or garlic supplements, these must be stopped 5 days before the procedure.
4. If you are diabetic, take ½ of your usual dose of insulin on your prep day. Do not take your diabetic pills.
5. If you take Coumadin or Plavix, do not take for ____ days prior to the colonoscopy.
6. If you take heart or blood pressure medication, you can take them in the morning on the day of the procedure with just a small sip of water.
7. You must have a driver to drive you home after the procedure because you will be receiving sedation.
8. If you experience any difficulty with your prep after normal business hours, call 570-421-8968 for assistance.
9. If polyps are removed or biopsies taken, Dr. Covington will call you with the pathology results. Please allow five business days for the pathology department to process the results.

By my signature, I hereby acknowledge my understanding of the instructions listed above:

Patient signature: _____ Date: _____ Witness: _____