

## COLONOSCOPY PREPARATION: MIRALAX AND DULCOLAX

THE DAY PRIOR TO YOUR PROCEDURE:

1. BEGIN A CLEAR LIQUID DIET (SEE BELOW), STARTING AT BREAKFAST.
2. PURCHASE FOUR DULCOLAX LAXATIVE TABLETS (NO PRESCRIPTION NEEDED).
3. PURCHASE ONE BOTTLE (238 GRAMS) OF MIRALAX (NO PRESCRIPTION NEEDED).
4. PURCHASE TWO REGLAN TABLETS (PRESCRIPTION INCLUDED).
5. PURCHASE 64 OUNCES OF LEMON OR ICED TEA CRYSTAL LIGHT.
6. BETWEEN 3 -5PM TAKE THE FOUR DULCOLAX TABLETS.
7. TAKE 1 REGLAN TABLET ONE HOUR BEFORE YOU BEGIN TO DRINK MIRALAX. YOU MAY TAKE THE SECOND TABLET ANYTIME DURING THE PREP IF NECESSARY.
8. BETWEEN 5 -7PM (TWO HOURS AFTER TAKING THE DULCOLAX) MIX ENTIRE BOTTLE OF MIRALAX WITH 64 OUNCES OF CRYSTAL LIGHT. (YOU MAY USE WATER INSTEAD OF CRYSTAL LIGHT.) DRINK ONE EIGHT OUNCE GLASS EVERY 10 MINUTES UNTIL SOLUTION IS FINISHED. THIS MAY TAKE UP TO SIX HOURS TO CAUSE BOWEL MOVEMENTS, BUT MOST OFTEN WORKS WITHIN TWO HOURS.
9. YOU MAY DRINK CLEAR LIQUIDS UP TO FOUR HOURS PRIOR TO YOUR PROCEDURE.

### CLEAR LIQUID DIET

FRUIT JUICES (NO ORANGE OR TOMATO JUICE), GATORADE, SOFT DRINKS, BROTH, BOUILLON, JELL-O, ICE POPSICLES, COFFEE, TEA, WATER. NO MILK OR MILK PRODUCTS. NO NUTS OR SEEDS. NO RED OR PURPLE LIQUIDS.

ONCE YOUR PROCEDURE IS SCHEDULED YOU MUST PROMPTLY SUPPLY OUR OFFICE WITH COMPLETE AND CORRECT INSURANCE INFORMATION. A COPY OF YOUR INSURANCE CARD (FRONT & BACK) AND YOUR INSURANCE REFERRAL (IF NEEDED) ALONG WITH THE ENCLOSED PATIENT INFORMATION MUST BE RECEIVED TWO WEEKS PRIOR TO YOUR PROCEDURE. THE PATIENT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY REFERRALS. FAILURE TO SUPPLY OUR OFFICE WITH ALL OF THE ABOVE MAY REQUIRE US TO CANCEL YOUR PROCEDURE.

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE REQUIRE NOTIFICATION AT LEAST 2 DAYS BEFORE YOUR SCHEDULED DAY. FAILURE TO NOTIFY US WILL RESULT IN A \$50 CANCELLATION CHARGE.

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