



Colonoscopy Date: _____

Virginia Beach Office – 5701 Cleveland Street, Suite 100

Check In time _____

Chesapeake Office – 661 Independence Pwy., Suite 120

Procedure time _____

CRMC – 736 North Battlefield Blvd, Chesapeake

PLEASE READ & INITIAL:

DRIVER: Required to have an adult driver REMAIN on premises during procedure and to drive you home and assume responsibility for your care afterwards. Otherwise, procedure will be canceled.

CANCELLATIONS: Must be made Mon-Fri 9AM-4PM. Cancellations made less than 72 hours from scheduled procedure & NO SHOWS will have a \$200.00 fee added to account, not billable to insurance.

DO NOT drink alcohol, smoke marijuana, or use recreational drugs for 24 hours prior to procedure.

NOTHING BY MOUTH for 4 HOURS prior to procedure.

All Patients: Pick up all prescriptions and over-the counter medications as soon as possible. **DO NOT WAIT.**

INSTRUCTIONS FOR: MIRALAX preparation for Colonoscopy

DATE

Start Low Residue Diet (instructions attached)

DAY BEFORE PROCEDURE-----

- 1) Upon waking, mix Miralax (8.3oz) in 64 oz of clear liquid and refrigerate.
- 2) **Take all regular medications as directed EXCEPT for diabetic meds and blood thinners.**
- 3) CLEAR LIQUID DIET ALL DAY – NO SOLID FOOD, NO MILK/MILK PRODUCTS, NO RED DYE
- 4) At _____ PM Take 2 Dulcolax (Bisacodyl) tablets.
- 5) At _____ PM Drink 32 oz (half of the solution) within 1 hour

You may have:

- Water, Soda (any), Gatorade (NO red), Clear Fruit Juice (apple, white grape, cranberry?), Black coffee (sweetner OK, no creamer)
- Jello (all flavors, NO red), Italian ices, Slurpees (NO red)
- Boullion or Fat Free Broth
- Hard Candy (Lifesavers)
- Boost or Ensure (ONLY up until midnight)

- 6) Place the remaining Miralax solution in the refrigerator
- 7) Drink at least 16 oz of clear fluids before bedtime.

DAY OF PROCEDURE-----

- 1) **Take all regular medications as directed EXCEPT for diabetic meds and blood thinners.**
- 2) At _____ AM Take 2 Dulcolax (Bisacodyl) tablets.
- 3) At _____ AM/PM Drink remaining 32 oz of prepared Miralax solution within 1 hour
- 4) Drink at least 16 oz of clear fluids after ingested
- 5) Continue clear liquids until _____ AM/PM.
- 6) **_____ AM/PM NOTHING BY MOUTH AFTER THIS TIME!!!**
- 7) PLEASE: NO PERFUME, PERFUMED LOTION OR AFTERSHAVE!
- 8) DIABETICS: Check blood sugar one hour before procedure.
- 9) **ARRIVE AT THE INDICATED CHECK-IN TIME!!**