



Colonoscopy Date: _____
Check In time: _____
Procedure time: _____

Virginia Beach Office- 5701 Cleveland St, Suite 100
 Chesapeake Office – 661 Independence Pkwy., Suite 120
 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, your 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.**

PEG-3350 w/ ELECTROLYTES

INSTRUCTIONS FOR: PEG-3350 w/ Electrolytes preparation for Colonoscopy

Start Low Residue Diet (instructions attached)

-----DAY BEFORE COLONOSCOPY-----

- 1) Upon waking, fill the PEG 3350 jug up to the fill line, shake well, 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

You may have:

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

- 4) At 5:00 PM Take 2 Dulcolax (Bisacodyl) tablets.
- 5) At 6:00 PM Drink 2 Liters of PEG-3350 (half of jug). Drink 8 oz every 10 min. until finished.
- 6) Drink an additional 16 oz. OR MORE of clear liquids before bed.

-----DAY OF COLONOSCOPY-----

- 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 2 Liters of PEG-3350, 8 oz every 10 min. until finished. Follow with additional 16 oz. OR MORE of clear liquids.
- 4) **_____ AM/PM NOTHING BY MOUTH AFTER THIS TIME!!!**
- 5) PLEASE: NO PERFUME, PERFUMED LOTION OR AFTERSHAVE!
- 6) DIABETICS: Check blood sugar one hour before procedure.
- 7) **ARRIVE AT THE INDICATED CHECK-IN TIME!!**