



CLINIC FOR DIGESTIVE DISEASES, P.C.

MIRALAX/GATORADE COLONOSCOPY PREPARATIONS *No Rx required*

ARIZONA DIGESTIVE HEALTH

- LAWRENCE A. BETTINGER, MD
- PARAG CHOKSHI, MD
- DARYL HUTCHINSON, MD
- RAMKRISHNA KOTHUR, MD
- JAGDISH PATEL, MD
- CHIRAG TRIVEDI, DO
- MALVINDERJIT SINGH, MD

Name: _____ Procedure Date: _____ Time: _____

You are scheduled at the following facility. Please contact your insurance company directly for applicable co-payments for the facility fee for which you are scheduled (this is separate from the doctor's fee). If you have biopsies taken during your procedure there will be a third fee from the pathology company used.

- Sun City AZ Endoscopy Center ASC, LLC Tax ID # 20-1519369
- Banner Boswell Medical Center Tax ID # 90-0389314
- Banner Del Webb Medical Center Tax ID # 90-0389312
- Banner Thunderbird Medical Center Tax ID # 27-0036484

Any copays or deductibles must be paid to the facility the day of the procedure or you will be rescheduled.

You MUST have a DRIVER TO REMAIN IN FACILITY and take you home. You will not be able to drive the remainder of the day, so you should not have plans after your procedure. If you are unable to keep your appointment, please let us know AS SOON AS POSSIBLE.

DO NOT TAKE the following medications for _____ days before your examination unless otherwise directed by the doctor: Aspirin, Aspirin containing medications, Ibuprofen, Motrin, Advil, Ansaed, Aleve, Daypro, Clinoril, Feldene, Nuprin, Naprosyn, Orudis, Salsalate, Voltaren, Iron Supplements. (You may take Tylenol at any time.)

STOP Coumadin, Plavix, Persantine, Aggrenox, or blood thinners _____ days before your procedure.

Do NOT stop any other medications other than listed above.

MIRALAX/GATORADE: Several days prior to the procedure you will need to purchase the following:

1. Miralax 238gram bottle (this is over-the-counter)
2. Dulcolax Laxative tablets – you will need four 5mg tablets (this is over-the-counter)
3. Gatorade – 64oz (**DO NOT USE RED OR ORANGE**).

Please ask the pharmacist for any questions/concerns you may have.

DAY BEFORE PROCEDURE DATE: _____

No solid food, only clear liquids. You must drink at least one gallon of clear liquids throughout the day. This will prevent you from becoming dehydrated.

- At 3:00pm, take 4 Dulcolax tablets with a glass of water.
- At 5:00pm, mix all of the Miralax with the 64oz bottle of Gatorade in a closed pitcher. Shake the solution until the Miralax is dissolved. Drink an 8oz glass every 10-15 minutes until the solution is gone. You may prepare this solution earlier in the day and chill in the refrigerator.
- Continue to drink clear liquids until bedtime for procedures scheduled in the morning. For afternoon procedures you may drink up until 6 hours before your procedure.

Clear liquids include: Bouillon or broth; apple, white grape, or white cranberry juice; JELL-O; popsicles; hard candy; black coffee; tea; soda; Kool Aid; Gatorade; Crystal Light; and water. Do NOT have any RED, or ORANGE colored liquids or JELL-O.

If you get nauseated, stop for 45 minutes then resume.

Please call the office if you cannot complete the prep. Your procedure may need to be rescheduled.

THE DAY OF THE PROCEDURE DATE: _____

DO NOT take the morning dose of Insulin or Diabetes medication on the day of the procedure.

NOTHING to eat or drink until after the procedure. **Exception:** you may take your blood pressure, heart, and/or seizure medication that you normally take in the morning with a SIP of water.



CLINIC FOR DIGESTIVE DISEASES, P.C.
GENERAL COLONOSCOPY PREPARATIONS



Rx required

- LAWRENCE A. BETTINGER, MD
- PARAG CHOKSHI, MD
- DARYL HUTCHINSON, MD
- RAMKRISHNA KOTHUR, MD
- JAGDISH PATEL, MD
- CHIRAG TRIVEDI, DO
- MALVINDERJIT SINGH, MD

Name: _____ Procedure Date: _____ Time: _____

You are scheduled at the following facility. Please contact your insurance company directly for applicable co-payments for the facility fee for which you are scheduled (this is separate from the doctor's fee). If you have biopsies taken during your procedure there will be a third fee from the pathology company used.

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Any copays or deductibles must be paid to the facility the day of the procedure or you will be rescheduled.

You MUST have a DRIVER TO REMAIN IN FACILITY and take you home. You will not be able to drive the remainder of the day, so you should not have plans after your procedure. If you are unable to keep your appointment, please let us know AS SOON AS POSSIBLE.

DO NOT TAKE the following medications for _____ days before your examination unless otherwise directed by the doctor: Aspirin, Aspirin containing medications, Ibuprofen, Motrin, Advil, Ansaid, Aleve, Daypro, Clinoril, Feldene, Nuprin, Naprosyn, Orudis, Salsalate, Voltaren, Iron Supplements. (You may take Tylenol at any time.)

STOP Coumadin, Plavix, Persantine, Aggrenox, or blood thinners _____ days before your procedure.

Do NOT stop any other medications other than listed above.

TWO EVENINGS BEFORE YOUR PROCEDURE

Date: _____

Take _____ Two (2) Dulcolax Tablets OR _____ Two (2) Tablespoons of Milk of Magnesia. (Doctor will specify.)

DAY BEFORE PROCEDURE

Date: _____

No solid food, only clear liquids. You **must** drink at least one gallon of clear liquids throughout the day. This will prevent you from becoming dehydrated. The bowel prep solution does not count as part of your clear liquid intake.

Clear liquids include: Bouillon or broth; apple, white grape, or **white** cranberry juice; JELL-O; popsicles; hard candy; black coffee; tea; soda; Kool Aid; Gatorade; Crystal Light; and water. Do **NOT** have any **RED**, or **ORANGE** colored liquids or JELL-O.

BOWEL PREP SOLUTION: Mix bowel prep solution in the morning according to the instructions on the bottle. Refrigerate the bottle to improve the taste. Do **NOT** add ice. **Start drinking the solution around 2:00pm.** Drink 8 oz. of solution every 15 to 20 minutes until the **ENTIRE** gallon is consumed. It is more effective to drink the solution quickly than to sip it. You may drink other clear liquids after each glass in order to cover up the taste of the solution. You should continue to drink clear liquids up until midnight.

If you get nauseated, slow the drinking of the solution down to a glass every 20 to 30 minutes until the solution is **GONE**. You **MUST** drink the **ENTIRE GALLON** of solution.

Please call the office if you cannot complete the prep. Your procedure may need to be rescheduled.

THE DAY OF THE PROCEDURE

Date: _____

DO NOT take the morning dose of Insulin or Diabetes medication on the day of the procedure.

NOTHING to eat or drink until after the procedure. **Exception:** you may **take your blood pressure, heart, and/or seizure medication** that you normally take in the morning with a SIP of water.