





## Colonoscopy Prep Instructions – Moviprep with 1 dose of Milk of Magnesia

**YOUR BOWEL Prep IS VERY IMPORTANT-** Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep.

**If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.**

| Prior to your procedure:   |   | 2 Days Prior   | 1 Day Prior  | Procedure Day  |
|--|---|--|--|--|
| <p>Your prescription is sent to your pharmacy after your pre-op call or office visit has been completed. <b>Please pick up your prescription within 72 hours.</b></p> <p><b>Purchase 1 bottle of Milk of Magnesia.</b></p> <p><b>You will need to arrange for a responsible adult to drive you home. You cannot drive until the day after your procedure.</b> A taxi, ride share, or shuttle is not an approved means of transportation <b>unless you have</b> a family member or friend with you.</p> <p><b>If you take Phentermine</b> – stop taking this <b>10 days</b> prior to your procedure.</p> <p><b>If you take iron, dietary, herbal or fiber supplements,</b> stop taking these <b>7 days</b> prior to your procedure.</p> <p><b>If you take a blood thinner-</b> <b>Please contact the prescribing doctor to obtain a blood thinner hold order.</b> The office can fax this order to us at 410-972-2698.</p> <p><b>If you see a specialist:</b> you can request that your most recent visit summary, labs, and test results from that office be faxed to us at 410-972-2698</p> <p><b>If you develop any covid, flu, or cold like symptoms within 2 weeks of your procedure date, please call us at 410-224-3636.</b></p> | <p><b>Stop</b> consuming all food with seeds, corn and nuts <b>5 days</b> prior to your procedure.</p> <p><b>Stop</b> taking all NSAIDS. Ibuprofen, Advil, Aleve, etc. <b>5 days</b> prior to your procedure. <b>You may take Tylenol as needed.</b></p> <p><b>Inhalers and Nasal Spray-</b> Continue as prescribed. Please bring with you on day of procedure.</p> <p><b>Blood Pressure and other essential medications:</b> Continue as prescribed. Take these medications on the day of your procedure with a SMALL sip of water at least 2 hours before procedure.</p> <p><b>If you use a CPAP:</b> please bring with you on the day of your procedure.</p> <p><b>If you wear contacts:</b> please remove them at home or bring your contact lens supplies with you if you don't have glasses to wear.</p> <p><b>Please leave jewelry and other valuables at home.</b></p> <p>Contact our pre-operative department with any questions at 410 224-3636 Option 2.</p> | <p>Drink at least four 8oz. glasses of water throughout the day.</p>  <p>Eat a light dinner.</p> <p><b>6pm:</b> <b>Begin Clear liquid diet.</b></p> <p><b>Take 4 tablespoons of Milk of Magnesia followed by 32 ounces of water over one hour.</b></p> <p><b>Acceptable clear liquids include:</b> water, clear broth, apple juice, white cranberry juice, white grape juice, soda, jello, popsicles, coffee, and tea. You may have any transparent liquid. Nothing with milk or creamer. <b>Nothing red, blue or purple in color are allowed.</b></p> | <p><b>Clear liquid diet continues all day today.</b></p> <p>Drink at least four 8oz. glasses of water throughout the day.</p>  <p>No alcohol the day before or day of your procedure.</p> <p>If you are taking <b>diabetic medication,</b> cut your dose in half this day and do not take any diabetic medication day of procedure.</p> <p><b>6pm: Moviprep - Part 1</b></p> <p><b>Step 1</b>-Empty Pouches (A&amp;B) into the container. Add warm water to top line on the container. Mix to dissolve.</p> <p><b>Step 2</b>- Container has 4 marks. Drink 8oz of solution (to the mark) every 15 minutes until all solution has been consumed.</p> <p><b>It should take you no more than 1 hour to complete these steps.</b></p> <p><b>If you are unable to tolerate the prep, please call to speak to the on call doctor.</b></p> | <p><b>Clear liquid diet until 4 hours prior to your procedure.</b></p> <p><b>Morning dose of Moviprep - Part 2</b></p> <p><b>5 hours prior to your procedure.</b></p> <p><b>Step 1</b>-Empty Pouches (A&amp;B) into the container. Add warm water to top line on the container. Mix to dissolve.</p> <p><b>Step 2</b>- Container has 4 marks. Drink 8oz of solution (to the mark) every 15 minutes until all solution has been consumed.</p> <p><b>It should take you no more than 1 hour to complete these steps.</b></p> <p><b>You must finish all of the prep, including the water 4 hours prior to your procedure. Please call the office if your prep results are not clear like water or a transparent yellow at this time.</b></p> <p><b>You cannot have ANYTHING AT ALL by mouth for at least 4 hours prior to scheduled procedure time.</b> This includes ice, water, gum, hard candy and mints.</p> <p>No smoking the day of procedure.</p> <p><b>Please remember to bring your:</b></p> <ul style="list-style-type: none"> <li>-Current Medication list with the last dose for each medication taken</li> <li>-Insurance Cards</li> <li>-Driver's License/Photo ID</li> <li>-Any co-insurance fees that are due.</li> </ul> |



# MDTEC Medication Record Form

- This form must be completed prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.

| Medication Name | Dose | Frequency and Time(s) Taken | <u>Date / Time of Last Dose</u> |
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Patient Signature

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Date



# MDTEC

# Medication Record Form

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