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GASTROINTESTINAL DIAGNOSTIC CENTER
700 GEIPE ROAD, SUITE 220
CATONSVILLE, MD 21228
410-242-3636
COLONOSCOPY

410-247-7500
X207 Jessica

DATE: _____

ARRIVAL TIME: _____ APPOINTMENT TIME: _____

GENERAL INSTRUCTIONS:

This procedure will be performed at the Gastrointestinal Diagnostic Center (GIDC), 700 Geipe Road, Suite 220. A colonoscopy takes approximately 20-30 minutes. You will then be taken to the recovery room, where you will remain approximately 1 hour.

You will be sedated for this procedure and will not be allowed to drive home or return to work after the procedure. Please arrange for a responsible adult to transport you to and from the center.
YOUR PROCEDURE WILL BE CANCELLED IF YOU DO NOT HAVE A RESPONSIBLE ADULT WITH YOU.

MEDICATIONS:

1. If you are taking iron medications discontinue 10 days prior to preparation.
2. If you are taking aspirin, or aspirin containing medications, discontinue 7 days prior to preparation.
3. Arthritic medications should be discontinued 4 days prior to preparation.
4. If you are taking Metamucil, Colace, Pericolace, or a similar product, discontinue 2 days prior to preparation.
5. If you are **Diabetic**, please discuss your medication with your physician.
Take ½ dose of _____ the day before your procedure, and none the morning of your procedure.
6. If you are taking antibiotics, you may continue as instructed.
7. Coumadin or other blood thinners may be stopped for several days prior to the procedure. Please discuss this with your physician.
8. Do not take any tranquilizers on the morning of your procedure, because you will have sedation.
9. If you are taking medication for your heart, you may take your medication with 4 oz. of water the morning of your procedure.
10. If you are taking medication for high blood pressure, please discuss this with your physician.
11. Please notify your physician if you are unable to complete your preparation for this procedure.

STOP: _____ prior to your procedure.

OSMOPREP INSTRUCTIONS

Purchase 4 Dulcolax Tablets OTC (Laxative)

START DRINKING EXTRA WATER THREE DAYS PRIOR TO YOUR PREP DAY

The day before your procedure is _____ you will be on a clear liquid diet the entire day. **NO SOLID FOOD!!**

BEGIN YOUR PREP AT:

6:00PM Take 4 Osmoprep Tablets with 8oz. of any clear liquid.

6:15PM Take 4 Osmoprep Tablets with 8oz. of any clear liquid.

6:30PM Take 4 Osmoprep Tablets with 8oz. of any clear liquid.

6:45PM Take 4 Osmoprep Tablets with 8oz. of any clear liquid.

7:00PM Take 4 Osmoprep Tablets with 8oz. of any clear liquid.

8:00PM Take 4 Dulcolax Tablets with 8oz. of any clear liquid.

The morning of your procedure: _____

5:00AM Take 4 Osmoprep Tablets with 8oz. of any clear liquid.

5:15 AM Take 4 Osmoprep Tablets with 8oz. of any clear liquid.

****You may continue to drink clear liquids until _____ the morning of your procedure.**

Clear Liquids

Water

Apple Juice

Clear Broth or Bouillon

Powdered Lemonade

Coffee or Tea (Sweetened, Black)

Jello (Lemon or Lime)

White Grape Juice

Gatorade

Clear Soft Drinks

Lemon Italian Ice

Ice Popsicles

DO NOT DRINK ANYTHING THAT IS RED, ORANGE OR PURPLE!!!

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Coffee or Tea (Sweetened, Black)	Jello (Lemon or Lime)
White Grape Juice	Gatorade
Clear Soft Drinks	Lemon Italian Ice
Ice Popsicles	

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