

INTEGRATED MEDICAL GROUP, P.C.
GASTROENTEROLOGY / HEPATOLOGY

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INSTRUCTIONS FOR COLON PREPARATION
MiraLAX Powder 238 gram-bottle (Polyethylene-glycol)
Stool Softener Tablets Qty. #4

PATIENT: Gi House Acct

DOB: 10/15/2009

Date of Procedure: 00/00/0000

Time:

Place:

The Schuylkill Endoscopy Center will call the afternoon before (after 2PM) with the procedure time.

BEFORE YOUR SCHEDULED PROCEDURE:

1. Do not take ASPIRIN seven (7) days before the procedure.
2. Hold PLAVIX for five (5) days before the procedure.
3. Stop IRON five (5) days before the procedure.
4. Hold COUMADIN three (3) days prior to the procedure.
5. Hold bedtime and morning INSULIN.

THE DAY BEFORE YOUR SCHEDULED PROCEDURE:

1. Drink only clear liquids for breakfast, lunch and dinner. You cannot have any solid foods today. For your convenience, there is a clear liquid diet at the end of this sheet.
2. Take 7 capfuls or half of the bottle of Mira LAX Powder and mix in 32 oz. of a clear liquid, i.e. Gatorade<lemon, orange or watermelon (clear)> or plain water, preferable chilled. Start drinking the mixture at 4 PM over a period of 2 hours.
3. In addition, take 4 stool softener tablets at 4 PM.
4. At 8 PM, again take 7 capfuls or half of the bottle of Mira LAX Powder and mix in 32 oz. of a clear liquid and drink over a period of 2 hours.

DAY OF THE PROCEDURE:

1. Do not drink or eat anything in the morning unless specifically told by our doctor or his nurse.
2. Do not take your regular medications, except for your blood pressure medicine (if this is usually taken in the morning) with a sip of water.

*** YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE.**

Someone must accompany you from the Center since you will not be permitted to drive after this procedure. This is because you will be receiving medication to help you relax. If you have any questions, please call **570-622-5555** and ask for Tracey, Georgine or Nancy.

*****IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED **IS NOT** YOUR SCHEDULED TIME. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SHOW THAT YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.*****

Patient Signature: January 5, 2017

CLEAR LIQUID DIET

YOU MAY NOT EAT OR DRINK ANYTHING THAT IS NOT LISTED BELOW:

The following food are permitted in unlimited amounts:

LIQUIDS: Clear consommé, bouillon and/or broth, tea, coffee, decaffeinated beverages, Postum, Kool Aid, carbonated beverages.

JUICES: Strained orange and grapefruit juice (only need to strain if it is freshly squeezed or has pulp in it), cranberry, apple and/or pineapple juice.

OTHER ITEMS: Flavored gelatin (Jello) **BUT NOT RED OR ORANGE JELLO**, sugar hard crystalline candy, honey, pure sugar candy, sherbet ices (**NOT ICE CREAM AND MUST BE WITHOUT NUTS, FRUITS OR PULP**)

SAMPLE MENU

BREAKFAST

Pineapple Juice

Strained Orange Juice

Consommé

Gelatin

Tea & Lemon (No pulp)

LUNCH

Apple Juice

Strained Grapefruit Juice

Bouillon

Jello

Cola Beverage

DINNER

Cranberry Juice

Strained Orange Juice

Broth

Gelatin

Coffee (without cream)