READ this instruction packet completely at least 7 days prior to your procedure!!

**Your procedure may be cancelled if these instructions are not followed.

Date of Procedure: ____________________________

Procedure Scheduled: __________________________

Required Arrival Time: __________________________

➢ We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.

Estimated Start Time of Procedure: _____________________

➢ Note: The exact time for each procedure varies from patient to patient. Our physicians give each patient outstanding care and undivided attention.

Please print this packet out if you are receiving it by email.

It is important that you read the instructions a few times before your procedure. We recommend you set a reminder on your calendar 7-10 days prior to your procedure to ensure you are prepared and understand your restrictions.

Important: If you are scheduled for a colonoscopy, follow our instructions ONLY. Do NOT follow the instructions within the colonoscopy prep kit you receive at the pharmacy.

Following the instructions within this packet is very important. We want to ensure your procedure will be performed with success.

You will receive a confirmation call or text 72 hours prior to your scheduled procedure.

A copy of these instructions may also be found online at: www.mdtecmd.com
### Colonoscopy Prep Instructions Colyte Split Dose & 1 Bottles Mag Citrate

**YOUR BOWEL Prep IS VERY IMPORTANT - Please read instructions carefully!**

<table>
<thead>
<tr>
<th>10 Days Prior</th>
<th>1 Week Prior</th>
<th>5 Days Prior</th>
<th>2 Days Prior</th>
<th>1 Day Prior</th>
<th>Procedure Day</th>
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</thead>
<tbody>
<tr>
<td><strong>You must</strong></td>
<td><strong>Pick up your</strong></td>
<td><strong>Stop</strong></td>
<td><strong>Drink at least four 8oz. glasses of water throughout the day.</strong></td>
<td><strong>Begin clear liquid. NO Solid foods today. Red, purple or blue colored liquids are not allowed.</strong></td>
<td><strong>Morning Dose Colyte- Part 2</strong></td>
</tr>
<tr>
<td>STOP taking <strong>Phentermine,</strong> or any medication containing <strong>Phentermine.</strong></td>
<td><strong>prescription and 1 bottles Mag Citrate.</strong></td>
<td><strong>consuming all food with seeds, corn and nuts.</strong></td>
<td><strong>Blood Pressure and Heart medications:</strong> Continue to take these medications as directed. Take them the day of your procedure with a small sip of water no less than 2 hours before procedure.</td>
<td><strong>Acceptable clear liquids</strong> include: water, clear broth, apple juice, white cranberry juice, white grape juice, soda, gelatin (Jello), popsicles, coffee, and tea (no milk or creamer).</td>
<td><strong>If your procedure is scheduled before 1130am:</strong></td>
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<tr>
<td><strong>Examples:</strong></td>
<td><strong>Only follow these instructions. Do NOT follow box instructions.</strong></td>
<td><strong>Stop taking ibuprofen, Advil, Aleve and NSAIDs.</strong></td>
<td><strong>Inhalers and Nasal Spray:</strong> Continue to take these medications as directed. Bring with you day of procedure.</td>
<td><strong>If you are taking diabetic medication,</strong> cut your dose in half this day and do not take any diabetic medication day of procedure.</td>
<td><strong>At 3am</strong> Drink 8oz of solution every 15 minutes until rest of solution has been consumed. <strong>It should take 1 hour to complete</strong></td>
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<td><strong>Qsymia, Qnexa, Adipex-P, Suprenza, Fastin or Phentercot.</strong></td>
<td><strong>If you take dietary, herbal or fiber supplements, or medications containing iron, discontinue these 7 days before your appointment.</strong></td>
<td><strong>You may take TYLENOL as needed.</strong></td>
<td><strong>If you have a fever, cold, or respiratory symptoms within 48 hours of your procedure- call us.</strong></td>
<td><strong>If you are taking an insulin pump, check with prescribing MD for instructions.</strong></td>
<td><strong>If your procedure is scheduled after 1130am:</strong></td>
</tr>
<tr>
<td><strong>Contact our pre-operative nurse for concerns or questions at 410 224-3636</strong></td>
<td><strong>If you take Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners:</strong> You must obtain permission to withhold this medication prior to your procedure.</td>
<td><strong>Eat light dinner.</strong></td>
<td><strong>5pm: Begin Colyte Prep- Part 1</strong></td>
<td><strong>You need to finish 4 hours prior to your procedure.</strong></td>
<td><strong>At 730am</strong> Drink 8oz of solution every 15 minutes until rest of solution has been consumed. <strong>It should take 1 hour to complete</strong></td>
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<td><strong>You MAY continue to take: once daily aspirin (81mg or 325mg daily)</strong></td>
<td><strong>You may obtain permission to withhold this medication prior to your procedure.</strong></td>
<td><strong>6pm:</strong> Drink 1st Bottle of Magnesium Citrate. Then Drink One 8oz glass of Water. NO Solid Foods after this dose.**</td>
<td><strong>Step 1- Add cool water to line on container. Close and shake to dissolve. Add Flavor Pack to Container if not already added.</strong></td>
<td><strong>Nothing by mouth at least 4 hours prior to scheduled procedure time-including gum, hard candy or mints.</strong></td>
<td>**<strong>You should not drive until the day after your procedure.</strong></td>
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<td><strong>No smoking the day of procedure.</strong></td>
<td><strong>Contact your pre-operative nurse for concerns or questions at 410 224-3636</strong></td>
<td><strong>Step 2- Drink 8oz of solution every 15 minutes until 75% (3/4) has been consumed. You should be done by 9pm.</strong></td>
<td><strong>Step 2- Drink 8oz of solution every 15 minutes until rest of solution has been consumed.</strong></td>
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<td><strong>You may obtain permission to withhold this medication prior to your procedure.</strong></td>
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<td><strong>Step 3- Store the remainder of the solution in the refrigerator overnight.</strong></td>
<td><strong>Step 3- Drink 8oz of solution every 15 minutes until rest of solution has been consumed.</strong></td>
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**Notes:**
- You must stop taking your Phentermine medication containing Phentermine 10 days prior.
- You should be done by 9pm.
- Drink 1st Bottle of Magnesium Citrate. Then Drink One 8oz glass of Water. NO Solid Foods after this dose.
- Drink 8oz of solution every 15 minutes until rest of solution has been consumed.
- Bring with you day of procedure.
- Do NOT drink alcohol the day of procedure.
- No smoking the day of procedure.
- You may take your essential morning medications with a small sip of water, at least 2 hours prior to your procedure, unless otherwise directed by your physician.
- You will need:
  - Insurance Cards
  - Driver's License/Photo ID
  - Any co-insurance fees due
  - A responsible adult driver to drive you home. A taxi or shuttle is not an approved means of transportation unless you have a family member or friend with you. You may not drive until the day after your procedure.

**Procedure Day**

- **Morning Dose Colyte- Part 2**
  - If your procedure is scheduled before 1130am:
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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.*

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>Frequency and Time(s) Taken</th>
<th>Date / Time of Last Dose</th>
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Patient Signature ___________________________________________  Date ____________________________