Procedure Instruction Packet

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 o	f Procedure:
Proced	ure Scheduled:
Requir	ed Arrival Time:
>	We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.
Estima	ted Start Time of Procedure:
>	<u>Note:</u> 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 <u>ONLY</u>. 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 with Clenpiq Prescription

621 Ridgley Ave, Suite 101 Annapolis, MD 21401 410-224-3636

F: 410-972-2698

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

10 Days Prior	1 Week Prior	5 Days Prior	2 Days Prior	1 Day Prior	Procedure Day	
_	Pick up your prescription. Only follow these instructions. Do NOT follow box instructions. If you take dietary, herbal or fiber supplements, or medications containing iron, discontinue these 7 days before your appointment. If you take Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners: You must obtain permission to	Prior Stop Consuming all food with seeds, corn and nuts. Prior Prior Stop Consuming all food with seeds, corn and nuts. Prior Stop Stop Consuming all food with seeds, corn and nuts. Prior Prior	Stop consuming all food with seeds, corn and nuts. Stop taking ibuprofen, Advil, Aleve and NSAIDs You may take Tylenol as Drink at least four 8oz. glasses of water throughout the day. Blood Pressure and Heart medications: 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.	Blood Pressure and Heart medications: 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. Inhalers and Nasal Spray: Continue to take these medications as directed. Bring with you day of	Begin clear liquid. NO Solid foods today. Red, purple or blue colored liquids are not allowed. Acceptable clear liquids include: water, clear broth, apple juice, white cranberry juice, white grape juice, soda, gelatin (Jello), popsicles, coffee, and tea (no milk or creamer). If you are taking diabetic medication, cut your dose in half this day and do not take any diabetic medication day of procedure. If you have an insulin pump, check with prescribing MD for instructions. Drink at least four 8oz. glasses of water throughout the day. Do NOT drink alcohol the day before your procedure.	Clenpiq Prep- Part 2 If your procedure is scheduled before 1130am: At 3am complete below steps. If your procedure is scheduled after 1130am: At 730am complete below steps. It should take 1 hour to complete Step 1- Drink 2 nd bottle of Clenpiq solution. Shake well prior to drinking. Drink all Solution in 1 st bottle. Step 2- Drink three 8oz glasses of clear liquid (total of 24oz). Drink each 8oz every 15 minutes. It should take you no more than 1 hour to complete these steps. **You need to finish 4 hours prior to your procedure. Nothing by mouth at least 4 hours prior to scheduled procedure time-including gum, hard candy or mints.
	blood thinners: You must obtain		Continue to take these medications as directed.	throughout the day. Do NOT drink	scheduled procedure time-including gum, hard	



- This form must be <u>completed</u> 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	Date / Time of Last Dose

Patient Signature	Date



Patient Signature

Date