

MIRALAX COLONOSCOPY INSTRUCTIONS

Patient's Name _____ Doctor _____

Date _____ Arrival Time _____ A.M./P.M.

Scheduler _____ Ext _____

DO call our office at least 72 hours in advance if you need to cancel your procedure or there will be a \$100.00 cancellation fee charged.

DO inform your doctor if you have a pacemaker, internal defibrillator, latex allergy, artificial heart valve or joint replacement.

DO inform your doctor if you are in a wheelchair.

DO inform your Internist or Endocrinologist if you are diabetic.

If you are diabetic DO NOT take medication the morning of your procedure. Please bring medication with you.

DO ingest only a clear liquid diet the entire day before your procedure. __

DO follow the colonoscopy bowel cleansing prep as prescribed.

DO take your medications in the morning for breathing problems, seizures, heart or high blood pressure with sips of water. (Make sure you take them by 6:00 a.m.)

DO have a driver to take you home. (A MUST: no Taxi, public transportation or walking home). The medication stays in your system for at least 12 hours. Your pick up time is _____ a.m./p.m.

DO request the day off work if you are working. _____