

MiraLax Prep

No Aspirin, Coumadin or Iron Supplement 5 days before your procedure (Review: Products to avoid handout)

Items to purchase at your local pharmacy or grocery store:

1 bottle of MiraLax 238 g bottle / 255 g bottle 1 box of Bisacodyl (over the counter, you will need 2 tablets)
1 bottle of Gatorade, 64 oz bottle (clear or yellow only) 1 Bottle of Magnesium Citrate 10 oz (Lime only, NO CHERRY)

2 days before: Drink eight 8 oz glasses of water throughout the day

8 pm Drink the 10 oz bottle of Magnesium Citrate. If you are 75 years or older, Diabetic, or have Congestive heart failure, Coronary Artery Disease, Renal disease or taking Diuretics do NOT drink the Magnesium of citrate.

1 day before Clear Liquid Diet. Drink 64 oz's of water aside from the liquids taken during your meals. NO Milk, NO dairy products, NO juices with pulp. NO RED, Orange, blue, green or PURPLE dyes. Clear Liquids ONLY.. **YELLOW AND CLEAR:** chicken, beef broth, clear protein drinks, Clear Juices or Chrystal light, popsicles, jell-o, hard candy. ***NO SOLID FOOD OF ANY KIND***

8 am-2 bisacodyl tablets with 16 oz of water. Drink 64 oz's of water, Eight 8 oz glasses of water throughout the day

(Diabetics: take diabetic medications in the morning, skip the evening dose. Monitor your blood sugar at usual times, adjust blood glucose accordingly).

2:00 pm Prepare Miralax solution, in a large pitcher pour the entire bottle of Miralax powder and 64 oz bottle of Gatorade, mix well until powder is dissolved, place in the refrigerator.

3:00pm- Drink 10oz of Miralax solution every 20 min until you consume 32 oz.'s. Place remainder in Refrigerator. *** CALL THE DOCTOR BY 9:00 PM IF YOU ARE NOT HAVING BOWEL MOVEMENTS OR IF YOUR RESULTS ARE NOT WATERY AT THIS TIME. *NOTHING TO EAT OR DRINK AFTER MIDNIGHT*** except for the remaining Miralax Solution. Second portion must be consumed 4 hours before your procedure, **begin to drink at _____ a.m.**

Morning of Procedure: Take usual heart and blood pressure medications with a sip of water. All other medication can wait until after the procedure.

Please call the office for the time and location of your procedure

Date: _____ Time of Arrival: _____

Location: _____

Please provide a **5 day advanced notice** of any change to this appointment (805)719-0244 otherwise if less than 5 days a **\$200.00 cancelation fee** will apply > and a **\$75.00 rescheduling fee**>.

You must arrange for someone to drive you home, as you will be sedated for the exam. Wear comfortable clothing; bring your glasses, hearing aids, and insurance card(s). Contact your insurance carrier if you have questions about payment for this procedure. Payment is expected of any Co-pays, co-Insurance and Deductibles at the time of service. If you have questions call (805)719-0244 or additional info. can be found at: www.AGImedical.com.