

Your preparation instructions for your Colonoscopy using: **PREPOPIK**

Location: The Center for Digestive Endoscopy 1817 N. Mills Ave. Orlando FL. 32803 Phone: 407-896-1726

Date: _____ Time: _____ Please arrive at: _____

IMPORTANT INFORMATION:

1. If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa. Call our office for instructions on the possibility of stopping the medicine.
2. If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
3. **If you are SICK, have ANY cold symptoms, taking ANTIBIOTICS, pending Stress or Heart Test or have any major changes in your medical history – Please Call Our Office Immediately For Instruction**
4. (5) days before your procedure – STOP any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine
5. **Fill your prescription for PREPOPIK**, at least (5) days prior to your test.
- 6.

DAY BEFORE YOUR PROCEDURE:

1. DO NOT take any **ORAL** Diabetic medication on the day of your prep or the day of your procedure.
For INSULIN dependent patients – please call the doctor that controls your diabetes for instructions.
2. Start a Clear liquid diet upon awakening. **Must drink CLEAR LIQUIDS ONLY throughout the day to avoid dehydration. NO SOLID FOOD!**
3. Daily medications may be continued, unless otherwise specified.
4. **AT 5:00PM (PREPOPIK)** - Fill the dosing cup provided with cold water up to the lower (5-ounce) line on the cup
 - Pour in the contents of ONE(1) packet
 - Stir for 2-3 minutes until dissolved
 - Drink the entire contents
 - Follow with FIVE (5) 8-ounce drinks of clear liquid, taken at your own pace, within the next 5 hours
5. **AT 10:30PM (PREPOPIK)** - REPEAT the steps noted on number 4 above.
 - Follow with at least THREE (3) 8-ounce drinks of clear liquid within 2 hours, before bed.
6. **NOTHING BY MOUTH AFTER MIDNIGHT.**

****PLEASE BE AWARE THAT YOU MUST HAVE 3 CONSECUTIVE, CLEAR OR YELLOW BOWEL MOVEMENTS WITH NO SOLID MATERIAL AFTER PREP HAS BEEN COMPLETED, IF NOT PLEASE CALL 407-896-1726 TO GET NEXT INSTRUCTIONS. ****

CLEAR LIQUIDS INCLUDE: **NO RED/PURPLE COLORS, NO MILK OR MILK PRODUCTS**

- Broths (no crackers or noodles)
- **DO NOT** drink any alcohol beverages
- Clear fruit juices (Apple, White Grape)
 - Soda, Gatorade, Popsicles, Jell-O, Sorbet and/or frozen ices
- Water, coffee and Tea (Sugar is ok)

DAY OF PROCEDURE:

1. **NOTHING BY MOUTH** – this includes Water. **DO NOT** chew anything (including gum),
2. DO NOT use breath spray or eat candy or mints the morning of your procedure.
3. You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **3 hours prior to arriving, with a small sip of water.**
4. You **MUST** have a responsible adult (over the age of 18) who will remain with you in the center and take you home.

****FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee will apply)****

WE REQUIRE A 48 HOUR NOTICE FOR ANY CANCELLATIONS TO AVOID A \$100 CHARGE FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service. Please call our billing department for further assistance at 407.896.1726, prior to the procedure date.

Patient Signature: _____

Date: _____