

Colonoscopy Instructions Miralax

Procedure Date: _____ Follow Up Date and Time: _____

The facility will call you with the time 2 business days prior to your procedure date

| FACILITY | ADDRESS | PHONE# |
|-----------------------------|---|--------------|
| ORANGE CITY SURGERY CENTER | 975 Town Center Dr., Orange City FL | 386-456-5247 |
| LAKE MARY SURGERY CENTER | 460 ST Charles Court, Lake Mary FL | 407-585-0263 |
| FHC PLANS SURGERY CENTER | 2777 Enterprise Rd, Orange City FL | 386-481-6289 |
| ADVENT HEALTH FISH MEMORIAL | 1055 Saxon Blvd, Orange City FL | 386-917-5000 |
| LAKE MONROE HOSPITAL | 1401 West Seminole Blvd, Sanford FL | 888-894-2106 |
| RINEHART SURGERY CENTER | 392 Rinehart Rd. Suite1090 Lake Mary FL | 321-363-9400 |

Instructions:

- Continue taking routine medications, including blood pressure and heart medications.
- If diabetic, only take ½ of your usual dose the morning of procedure.
Before stopping any blood thinner, please discuss with your prescribing provider.
 - Hold Coumadin, Plavix, Effient, Brilinta for **5 days** before your procedure.
 - Hold Pradaxa, Eliquis, and Xarelto for **2 days** before your procedure.
- **5 days** before, do not take any: Aleve, Motrin, Naproxen, Ibuprofen – Tylenol is safe to use
- **5 days** before, discontinue iron supplements, vitamins, or herbal supplements
- **You must have a friend or family member drive you to and from the facility. NO FORM OF TAXI SERVICE IS PERMITTED.**

Purchase at the Pharmacy/Grocery Store:

- Gatorade, 64oz bottle or Crystal Light (Recommended for Diabetics) (No Dark Colors)
- **Miralax, 238g bottle**
- **Magnesium Citrate**
- **Dulcolax, 6 tablets**
- Baby wipes or Desitin (Optional)

DAY BEFORE PROCEDURE:

Do Not Eat Any Solid Food the Entire Day Before the Procedure!

Have a clear liquid diet throughout the day. Avoid liquids that are red or purple in color such as red grape or cranberry juice. Avoid ALL dairy products and juices with pulp such as orange or grapefruit juice.

You can drink clear liquids (**NO REDS/DARK COLORS**) until 3 hours before the procedure. At the 3-hour mark, nothing by mouth including water. You may take any necessary medications with a small sip of water.

Clear Liquids include the following:

Soups: Broth (chicken, beef or vegetable)

Juices: White grape juice, Apple etc.

Desserts: Jello, Italian Ice, Popsicles, etc.

Sports Drinks: Powerade, Gatorade, Propel

Beverages: Tea, Kool-aid, Water, Black coffee

| If your procedure is before 12PM | If your procedure is after 12PM |
|--|--|
| 1. At 5:00PM , take 4 Dulcolax tablets with water. | 1. At 5:00PM , take 4 Dulcolax tablets with water. |
| 2. At 5:30PM , drink 10 oz. bottle of Magnesium Citrate. | 2. At 5:30PM , drink 10 oz. bottle of Magnesium Citrate. |
| 3. At 6:00pm , mix the entire 238g bottle of Miralax with the 64oz bottle of Gatorade or Crystal Lite in a pitcher. Shake the solution until the Miralax is dissolved. <i>Drink an 8 oz. glass every 10-15 minutes until ½ of the solution is gone (drinking with a straw helps).</i> | 3. At 6:00PM , mix the entire 238g bottle of Miralax with the 64oz bottle of Gatorade or Crystal Lite in a pitcher. Shake the solution until the Miralax is dissolved. <i>Drink an 8 oz. glass every 10-15 minutes until ½ of the solution is gone (drinking with a straw helps).</i> |
| 4. At 9:00PM , continue to drink an 8 oz. solution of the Miralax every 10-15 minutes until the rest of the solution is consumed. | 4. At 6:00AM , the morning of the procedure, take 2 Dulcolax tablets with water. |
| | 5. At 6:30AM , the morning of the procedure ,continue to drink an 8 oz. solution of the Miralax every 10-15 minutes until the rest of the solution is gone. |

Cancellation Fees:

As a courtesy to other patients who are waiting for appointments, we require that you provide us with notice of any cancellation of an appointment. Missed or cancelled appointments are subject to the following fees, which are not covered by your insurance:

Surgical Center or Hospital Procedure with less than 72 hours' notice..... \$75
 In-office Procedure with less than 24 hours' notice \$50
 Office visit with less than 24 hours' notice \$25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____