

GASTROENTEROLOGY ASSOCIATES, P.C.

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MOVI-PREP INSTRUCTIONS

PLEASE BE SURE TO FOLLOW INSTRUCTIONS CAREFULLY, IF NOT WELL PREPPED, THE PROCEDURE MAY BE CANCELED AND RESCHEDULED!

PROCEDURE DATE: _____ PROCEDURE TIME: _____

Your procedure will be performed at Fauquier Hospital in the Outpatient Special Procedures Department.

Please arrive at your ARRIVAL time (listed below) and check-in at the Information Desk in the Main Lobby of the hospital.

You will be medicated for this procedure so you must have a friend or family member drive you home. They must stay while you are having the procedure and in recovery.

You will not be allowed to drive or ride in a cab! If someone does not accompany you, you will be canceled and rescheduled for another day.

*7 days before the procedure, (_____) STOP foods with Olestra (usually found in fat-free products).

*5 days before the procedure, (_____) STOP foods with seeds or nuts, no corn, do not take iron supplements, vitamin E or fish oil (Omega 3/ Flax seed oil/ Cod liver oil).

*3 days before the procedure, (_____) STOP aspirin, anti-inflammatory medications (Aspirin, Aleve, Advil, Motrin, Ibuprofen, NSAIDS, Naproxen, Excedrin, Bufferin, Plavix, Celebrex etc.) Tylenol is OK.

For patients taking Coumadin - Please call our office for special instructions.

THE DAY BEFORE PROCEDURE: Date: _____

- When you wake up, mix first Pouch A and Pouch B into the disposable container. Add lukewarm water to the top line of the container. Shake and refrigerate.
- If your appointment is after 12:00 PM, you may have solids until _____. Then you may only have clear liquids for the rest of the day: NO SOLIDS!! No dairy or dairy products.
- You may have only clear liquids only - NO SOLIDS! No dairy or dairy products. CLEAR LIQUIDS: Water, sparkling water, apple juice, white grape juice, iced tea, hot tea, Gatorade, black coffee (no cream or milk), sodas-any kind, broth/bouillon, Jell-O, popsicles. (no red, purple or orange dye in anything you drink)
- Drink at least 8-10 glasses of clear liquids today.

At _____ Start drinking the refrigerated mix. Every 15 minutes drink the solution down to the next mark on the container until the liter is complete.

Mix second Pouch A and Pouch B into container with lukewarm water and refrigerate until tomorrow morning.

THE DAY OF PROCEDURE: Date: _____

At _____ Start drinking the refrigerated mix. Every 15 minutes drink the solution down to the next mark on the container until the liter is complete.

Please arrive at the hospital at: _____

500 Hospital Drive, Warrenton, VA 20186

YOU MAY HAVE NOTHING TO DRINK (INCLUDING WATER) SIX HOURS BEFORE THE PROCEDURE.