



CENTER for
DIGESTIVE
MEDICINE

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INSTRUCTIONS FOR COLONOSCOPY **MOVIPREP**

FIVE (5) DAYS PRIOR TO THE PROCEDURE:

- If you take medication for Pain & Arthritis, for example: Advil, Motrin, Naproxen, or any other medication containing Aspirin or Anticoagulants such as: Coumadin, Pradaxa or Plavix, **CONTINUE TAKING** them before your procedure.
- If you take medication for Pain & Arthritis, for example: Advil, Motrin, Naproxen, or any other medication containing Aspirin or Anticoagulants such as: Coumadin, Pradaxa or Plavix, **STOP TAKING** them five (5) days prior to your procedure.

DAY BEFORE PROCEDURE:

1. **STOP consuming ANY SOLID FOODS at 6:00 AM the day BEFORE your procedure.** All 3 meals the day before your procedure should be clear liquids.
 - Clear liquids that are permitted after 6:00 AM the day before your procedure include the following:
 - o Water, Black Coffee (no milk/creamer), Tea (no milk/creamer)
 - o Apple Juice/White Grape Juice
 - o Non-red colored Gatorade
 - o Coke, Pepsi, Sprite, 7UP (all caffeine free)
 - o Lemonade (not pink lemonade)
 - o Broth based soups (not cream based); without crackers or noodles)
 - Clear liquids DO NOT INCLUDE:**
 - o Milk
 - o Coffee/Tea with cream
 - o Orange juice/Pineapple juice
 - o Yogurt
1. At 7:00 P.M. Empty 1 Pouch A and 1 Pouch B into the disposable container.
2. Add lukewarm drinking water to the top line of the container. Mix to dissolve.
3. **The** MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark, until the full liter is consumed.
4. Next you **must** drink 16-ounces of the clear liquid of your choice over the next hour.

ON THE MORNING OF THE PROCEDURE:

1. **AT LEAST 4 HOURS BEFORE YOUR APPOINTMENT.** Repeat steps 1-4 above. Be sure to finish drinking all of the preparation and liquids above at least 2 hours before your appointment. Once you are done, STOP ALL LIQUIDS.
2. **DO NOT EAT OR DRINK PAST MIDNIGHT, THE DAY BEFORE THE PROCEDURE.**
3. **DO NOT EAT OR DRINK ANYTHING THE DAY OF PROCEDURE**, this includes CHEWING GUM.

Physician Financial Interest and Ownership:

The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.



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4. If you are on Antihypertensive / Blood Pressure medication, you **SHOULD** continue to take them as usual with a sip of water on the day of the procedure, 4 hours prior to your procedure.

APPOINTMENT LOCATION:

CENTER FOR DIGESTIVE MEDICINE: 7887 N. KENDALL DR, SUITE 101 MIAMI FL 33156

Appointment Date: _____ Appointment Time: _____

- Make sure to arrange transportation for after your procedure. You should NOT Drive any vehicle for 24 hours following the procedure due to the sedation you received.**
- You must also have a responsible adult remain with you for 24 hours after the procedure.**
- If you have a true medical emergency, call 911 or go to the nearest emergency room.**
- COPAYS AND/OR DEDUCTIBLES ARE TO BE PAID IN FULL 72 HOURS PRIOR TO YOUR PROCEDURE:**
- Be aware that TWO SEPARATE charges may be collected prior to your procedure: Physician AND/OR Anesthesia**
- If you need to cancel your appointment please call at least 72 hours prior to the date of your procedure or you will be charged a \$100.00 fee.**
- It is important that you show up for your procedure as the possibility of a cancer might be missed if you do not show up.**

PATIENT SIGNATURE

DATE

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