

MOVIPREP PREP INSTRUCTIONS

You are scheduled on _____ with Dr. _____

Be at the marked location by _____ AM / PM ***Plan to be at the facility for approximately 3 hours.***

*You will be sedated and **MUST** bring someone over the age of 18 years old to **stay** with you and drive you home safely. No one will be allowed to Uber/Lyft/Taxi/bus, unless accompanied by a responsible adult. Please note that you cannot drive for 24hours after anesthesia.*

MEDICATIONS:

- If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa, Pletal, Eliquis, Effient, Xarelto, Brilinta, call our office for instructions on the possibility of stopping the medicine.
- You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **4 hours before your procedure, with a small sip of water.**
 - All other medications can be taken after the procedure.
- If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
- Unless specified below, continue your medications like normal.
- **For INSULIN dependent patients** – please call the doctor that controls your diabetes for instructions.

ONE WEEK PRIOR:

- **Stop** taking Ozempic/Wegovy/Mounjaro/Semaglutide

FIVE DAYS PRIOR:

- **Stop** any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine.
- **Stop** any diet/appetite suppressants, such as phentermine.
- **Stop** taking any ADHD/ADD medications i.e., Adderall/Vyvanse, if your body allows you to stop this medication.



ONE DAY PRIOR:

- **Avoid** using un-prescribed recreational/street drug(s) including marijuana.
- **DO NOT** take any **ORAL** Diabetic medication.

IF YOU ARE SICK, have ANY cold symptoms, taking antibiotics, pending Heart/Pulmonary testing, or have any major changes in your medical history – Please Call Our Office Immediately for Instruction.

1 DAY PRIOR to your procedure, **consume only a CLEAR LIQUID DIET**. A clear liquid diet consists only of liquids that you are able to read a newspaper through. **NO SOLID FOODS!** No alcohol, milk/milk products, or non-dairy creamers. **NO RED OR PURPLE!**

CLEAR LIQUID DIET INCLUDES (limiting yourself to only water will make you nauseous/vomit when starting prep):

- Water, mineral water
- Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc.)
- Clear carbonated and non-carbonated soft drinks
- Sports drinks (Gatorade, Powerade), Pedialyte and/or Ensure Clear
- Broth (chicken, beef, vegetable, or bone broth)
- Popsicles, Sorbets, or gelatin (such as Jell-O)
- Coffee or tea (without milk or cream; sugar is okay)



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 ext. 405, prior to the procedure date.

MOVIPREP PREP INSTRUCTIONS



YOUR PREPARATION – Moviprep and Magnesium Citrate

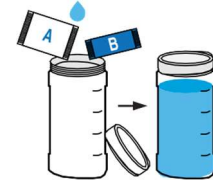
Fill your prescription for MOVIPREP, at least (5) days prior to your test.

(Keep in room temperature). *(You will receive 4 pouches and a disposable container for mixing)*

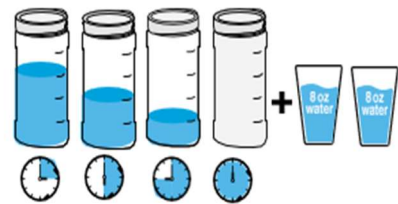
Do NOT use the instructions that the pharmacy provides.

DRINKING YOUR BOWEL PREPARATION:

The day before your procedure: Start a clear liquid diet upon waking



- **At 1:00PM** empty **one pouch A** and **one pouch B** into the container.
 - Add water to the top line and shake vigorously until dissolved.
 - The container is divided by 4 marks. Drink the solution down to the each mark every 15 minutes.
 - Drink 16 oz. of clear liquids over the next hour to prevent dehydration.
- **At 5:00PM**, prepare the second pouch A, and second pouch B and follow instructions as mentioned above.



STAY HYDRATED with at least 12 tall glasses (about 8-10 ounces each) of clear liquids throughout the evening, in addition to what you drink with your bowel prep medication, to prevent dehydration.

4HOURS BEFORE your procedure, you should **STOP DRINKING ALL CLEAR LIQUIDS**. This means that you should not have anything by mouth 4 hours before your colonoscopy and onward. This includes no breath spray, candy, gum, mints. You may brush your teeth.

****FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee applies) ** WE REQUIRE A 72 HOUR NOTICE FOR ANY CANCELLATIONS/reschedules TO AVOID A \$150 CHARGE**

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CENTER FOR DIGESTIVE ENDOSCOPY
1817 N MILLS AVE
ORLANDO, FL 32803

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ADVENT HEALTH ORLANDO
601 E ROLLINS ST
ORLANDO, FL 32803

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SUMMERPORT SURGERY CENTER
5151 WINTER GARDEN VINELAND RD
STE 108
WINDEREMERE, FL 34786

☐

ADVENT HEALTH, HEALTH VILLAGE
2415 N ORANGE AVE
STE 201
ORLANDO, FL 32804

☐

ADVENT HEALTH WINTER GARDEN ASC
2000 FOWLER GROVE BLVD
WINTER GARDEN, FL 34787

☐

ORLANDO HEALTH
52 W UNDERWOOD ST
ORLANDO, FL 32806

☐

SOUTH LAKE ENDOSCOPY
2040 OAKLEY SEAVER DR
CLERMONT, FL 34711

PATIENT SIGNATURE: _____ DATE: _____