



Patient Name: _____

MIRALAX / MAGNESIUM COLON PREP

1. You have been scheduled for a Colonoscopy at _____ on _____. Report to admitting at _____ a.m/p.m.
2. Make arrangements for a responsible adult to drive you home. You may **NOT** leave in a taxi or other transportation service.
3. **DO NOT TAKE IRON ONE WEEK PRIOR TO THE PROCEDURE**
PLEASE ADVISE US IF YOU ARE TAKING ANY BLOOD THINNERS or GLP-1 AGONISTS (diabetes/weight loss drugs in the GLP-1 class are generally taken by injection and given weekly).
4. STOP TAKING: _____
5. Please take heart, blood pressure, thyroid, acid reflux or seizure medications the morning of the procedure, with a small amount of water.
6. If you are taking diabetes medications by mouth **DO NOT** take the morning of the procedure.

You will need to purchase (2) Dulcolax Laxative tablets, (1) bottle of Magnesium Citrate (any flavor) and (1) 8.3oz bottle of Miralax (you may substitute (2) 4.1oz bottles of Miralax).

THE DAY BEFORE YOUR PROCEDURE: CLEAR LIQUID DIET ONLY

Drink **ONLY** Clear Liquids the entire day. Note: This means **NOTHING SOLID TO EAT.**

Clear liquids include all of the following:

- *Strained fruit juices (pulp free) such as apple, white grape, etc.
- *Water and Flavored Water
- *Coffee and tea (NO milk or nondairy creamer added)
- *Clear broth or bouillon cube
- *Kool-Aid, Gatorade and soft drinks, Ensure clear
- *Plain Jell-O (without fruit or topping)
- *Popsicles, Italian Ice, Snowballs

AVOID ALL ALCOHOLIC BEVERAGES!!!!

Miralax Prep 238G (8.3oz)--Mix as directed below with your choice of Gatorade OR clear liquid

On _____ at **3:00 P.M.** take the TWO Dulcolax Laxative tablets.

On _____ at **5:00 P.M.** Mix 7 caps full of Miralax with 32oz of clear liquid and drink over 1-2 hours.

On _____ at **7:00 PM** Drink 1 bottle of Magnesium Citrate followed by 8 to 16oz of clear liquid over 1-2 hrs.

On _____ at **10:00 P.M.** Mix 7 caps full of Miralax with 32 oz of clear liquid drink over 1-2 hours.

Nothing by mouth after **MIDNIGHT** before your procedure. This includes gum, mints, chewing tobacco, etc. (You may brush your teeth).

I have been advised of the above instructions and information by _____. I have also received a copy of these instructions to be read and reviewed by me. I understand if I have any questions I may call the office at the below extensions.

Covington Office 985-871-1721 extensions 443

Slidell Office 985-641-8982 extensions 151

PATIENT SIGNATURE

DATE