

EGD & COLONOSCOPY INSTRUCTIONS

(MIRALAX – PREP)

Colonoscopy requires introduction of a scope (long flexible tube with a light) into the large bowel. For a colonoscopy examination, it is essential that your large intestines be free of feces. Good bowel prep is very important for the test. **Do not eat any salads, fruits or vegetables on the day before the colonoscopy.** After your bowel prep, your bowels should be a clear yellowish fluid. It may take 2-4 hours for the prep to start working. **You will move your bowels at least 8-10 times.** If not, please call the doctor's office. It is very important that you follow the instructions carefully. If you have any questions about the instructions, please call our office.

1. THE DAY PRIOR TO THE TEST:

"Clear liquid diet" all day like apple juice, broth, soda, jello. **No red or green jello.** No salad, fruit or vegetables.

2. DO THE FOLLOWING THE DAY PRIOR TO THE TEST:

3:00 PM – Mix the 255 gram bottle of MiraLax in 64 oz. of Gatorade. (NOT RED OR PURPLE) and shake the solution until the MiraLax is dissolved. Drink an 8 oz. glass every 10 to 15 minutes until solution is gone.

8:00 PM – Take (4) four Dulcolax tablets with 8 oz. of water. Swallow tablets whole with a full glass of water. The package may direct you not to exceed two tablets at any time, but for purposes of this exam you should take four.

3. ON THE DAY OF EXAMINATION:

DO NOT eat or drink anything after midnight on the evening prior to the test. (If exam is scheduled for after 11:00 AM, you may have clear liquids prior to 7:00 AM).

4. YOUR APPOINTMENT:

DATE & TIME: _____

PLACE: Twin Rivers Endoscopy Center

Roseberry Surgery Center/St. Luke's Warren Hospital

Easton Hospital SPU

You will not be permitted to drive after the test. Please make arrangements for someone to drive you home. Please call the office for any questions.

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PA Lic. #MD-043211-E

DEA # _____

NJ Lic. # MA52282

DEA # _____

NAME _____ DATE _____

ADDRESS _____ AGE _____

Miralax (238 grams needed) and Dulcolax (4 tablets needed)

are available to you over-the-counter at your pharmacy.

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND
WRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

REFILL 0 • 1 • 2 • 3 • 4 • 5 _____ M.D.