| PHONE: | (865) 539-5372 Option 2 |
|--------|--|
| FAX: | (865) 539-5369 |
| | 1.774 White training and the control of the control |

| | | | PHONE: (865) 539 FAX: (865) 539 | |
|---|---|--|--|---|
| BOWEL YOU HAVE BEEN SCHE | PREPARATION INSTRU DULED FOR A DIAGNOST | CTIONS FOR 2 DAY PRE IC PROCEDURE CALLED C | P (DR. BENITEZ) PLEM OLONOSCOPY TO BE PI | NVU ERFORMED ON: |
| | AT | ARRIVAL TIME | | |
| YOU WILL NEED TO RE | PORT TO | PARKWEST HOSP. (MAIN | ENTRANCE) | |
| | | _FT. LOUDOUN HOSP. (EM | ERGENCY/REGISTRATIC | ON DESK) |
| PRE-PROCEDURE INS DAYS PRIOR TO YOUR DAY ONE PREP | TRUCTIONS: FOR THIS PROCEDURE, <u>DO NOT I</u> | EXAMINATION YOU MUSEAT CORN, VEGETABLE | ST FOLLOW A SPECIAL S. FRUIT, SEEDS, NUTS | SOFT DIET FOR FIVE S OR POPCORN. |
| | VUOY YUUY | JUST STAY ON A CLEAR | LIQUID DIET UNTIL YO | UR PROCEDURE. |
| • AT 10:00 aM, Y 0Z. BOTTLE OF | OU WILL START YOUR I MAGNESIUM CITRATI | PREP BY TAKING 3 DULC E. | OI.AX TABLETS 5 MG A | ND DRINK A 10 |
| AT 5:00 pm ON YOU ARE NOW FINISH | YOU WILL I | ORINK A 10 0Z, BOTTLE O ONE PREP. YOU MAY CO | F MAGNESTUM CITRA NTINUE DRINKING CI | TE. LEAR LIQUIDS. |
| DAY TWO PREP | ······································ | ······ | ^^^ | ······································ |
| BEGINNING ON | - II | YOU MAY HAVE ONLY | CLEAR LIQUIDS ALL | DAY. |
| WATER AND SHA SOLUTION UNTIL | KE OR STIR UNTIL CO FINISHED. DRINK THE | EMPTY DOSE 1 (POUCH MPLETELY DISSOLVED ENTIRE DOSE WITHIN : CTHIS WITHIN THE NEXT | (2-3 MINUTES) SLOT 30 MINUTES, REFILL T | MIY DRINK THE |
| STIR UNTIL DISSC | HE CONTENTS OF DOS DLVED. DRINK THE ENT IQUID AND DRINK THIS | E 2 (POUCH A AND B) W IRE DOSE WITHIN 30 MII WITHIN 30 MINUTES | ITH 16 OZ OF WATER NUTES: REFILL THE C | AND SHAKE OR ONTAINER WITH |
| NOTHING TO EAT | OR DRINK AFTER 10 PI | v 1. | | |
| HAVE SPECIFIC MEDICATION MORNING MEDICATION | AL PROBLEMS SUCH AS S WITH A SMALL SIP OF V YOUR USUAL DOSE THE | N THE MORNING OF EVERE HIGH BLOOD PRES VATER EARLY ON THE DAT EVENING BEFORE AND HO DNS TO STOP PRIC | SURE OR ANGINA, YOU I Y OF YOUR TEST. IF YOU OLD YOUR MORNING DO | MAY TAKE YOUR J TAKE INSULIN SE DAY OF YOUR |
| 7 DAYS PRIOR: | MINISTER BY | VIAS TO STOP PRO | UR TO PROCEDU | 'KE |
| Trulicity Ozempic Mouniaro | 7 DAYS PRIOR: Aspirin | 5 DAYS PRIOR: Iron | 3 DAYS PRIOR: Pradaxa | 2 DAYS PRIOR: Ibuprofen |

Bydureon boise Byetta Victoza, Saxenda Adlyxin Rybelsus

Effient Fish Oil Flaxseed Oil Supplements Fiber

Supplements Coumadin Warfarin Brilinta Plavix

Eliquis Savaysa Xarelto

Naproxen Meloxicam Anti-inflammatory

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

****IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE. GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS. ****

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865)-539-5372 OPT 2.

*** PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU ***

CLEAR LIQUID DIET

DAY BEFORE PROCEDURE

TEA (decaffeinated or regular)
BLACK COFFEE (NO CREAMER/MILK)
CARBONATED BEVERAGES (clear or light colored only)
FRUIT FLAVORED DRINKS
GREEN TEA
LEMONADE
GATORADE (NO RED OR PURPLE)
POWERADE (NO RED OR PURPLE)

BOUILLION (BEEF OR CHICKEN)

WATER

JELL-O (NO RED OR PURPLE)
POPSICLE (NO RED OR PURPLE)

SUGAR HONEY SYRUP HARD CANDY (NO RED OR PURPLE) SALT

4 DAY PRE-PROCEDURE DIET—FOODS ALLOWED

MEAT—FISH, CHICKEN, PORK, TURKEY AND GROUND BEEF

PASTA—NO RED SAUCE

WHITE RICE

DAIRY-CHEESE, MILK, PLAIN YOGURT

EGGS

WHITE BREAD