



Gastroenterology Consultants, Ltd

Reno Endoscopy Center

880 Ryland Street
Reno, NV 89502
1-800-442-0041

South Meadows Endoscopy Center

10619 Professional Circle
Reno, NV 89521
1-800-442-0041

For Scheduling Changes, please call:

Reno (775) 329-4600

South Meadows (775) 852-4848

Patient Name: _____

Appointment Date: _____

Location:

- Reno Endoscopy Center
- South Meadows Endoscopy Center

Check-in Time: _____

Appointment Time: _____

ILEOSCOPY PREPARATION

(Mira/ax Prep)

WHAT YOU WILL NEED:

Go to any drug store or pharmacy and purchase the following (*a prescription is not required*):

- (1) 8.3oz (238g) bottle of MiraLAX
- OPTIONAL: (2) 32oz bottles of Gatorade
- OPTIONAL: flushable wipes, disposable undergarments, etc.

SPECIAL CONSIDERATIONS:

If any of the following apply to you, please let us know in advance of the examination so that we can provide special instructions:

- You take ANY medication that prevents your blood from clotting (i.e. Coumadin, warfarin, Jantoven, Xarelto, Plavix, Pradaxa, and Effient).
- Diabetic

PREP INSTRUCTIONS:

One (1) week before the examination: ____ \ ____ \ ____ _

- Do not eat any products containing OLESTRA / Olean ® fat substitute which can be found in some fat-free products; read labels carefully.
- Do not consume bismuth or Pepto Bismol®.
- Stop taking iron supplements (unless otherwise directed)
- You may continue aspirin or anti-inflammatory medication (s) unless otherwise directed.

Two (2) days before the procedure: ____ \ ____ \ ____ _

- Stop taking any antidiarrheal medications (i.e. Imodium® or Lomotil®)



Gastroenterology Consultants, Ltd

Day before the procedure: ____ \ ____ \ ____ _

- **DO NOT EAT ANY SOLID FOOD AFTER 3PM**
- **START CLEAR LIQUID DIET**
 - **EXAMPLES:** water, clear fruit juices (pulp-free, no red or purple), soft drinks (no red or purple), strained soups and bouillon, Jell-O (no red or purple), Popsicles (no red or purple), black coffee (no dairy or creamer) or tea (no dairy or creamer) and Lifesavers (no red or purple).
 - **AVOID ALL SOLID FOODS** and alcohol.
- **Between 5:00PM and 7:00PM:**
 - **MIX one (1) capful of MiraLAX in 8 oz of water or Gatorade**
 - **Drink one (1) 8 oz glass of mixture every hour until bowel movements are watery liquid and tea color.** Plan to drink a minimum of four (4) 8oz glasses of prep.
- Continue drinking plenty of clear liquids throughout the evening.

Day of the procedure: ____ \ ____ \ ____ _

- **Stop your clear liquid diet 4 hours prior to your procedure time.** For your safety, it is very important that you nothing to eat or drink 4 hours prior to your procedure time.

NOTE: Individual responses to laxatives may vary widely. You may experience mild abdominal cramping and expect a number of liquid bowel movements within several hours. You may also experience bloating and nausea. No laxative bowel preparation is pleasant. This solution has been developed to make your preparation as simple and effective as possible. Also, remain within easy reach of bathroom facilities once you start the preparation.

***"Allergic reactions to the constituents of the bowel cleansing solution are rare.
If you think you are having an adverse reaction,
Please contact us immediately or go to nearest ER."***

GENERAL INFORMATION: Please comply with the following instructions listed below:

- 1) Please contact our office if you have **not** been provided specific instructions regarding holding or continuing medications (i.e. diabetic and/or blood thinner medications).
- 2) Bring all completed forms from your patient procedural packet (if applicable).
- 3) Bring your insurance cards and a photo ID such as a driver's license so that we may assist you in billing for our services.
 - a. **All co-pays and deductibles are due at the time of service.**
 - b. **Please be prepared to pay these fees on the day of your procedure.**
- 4) **Procedure Cancellations or Rescheduling: We require at least 48-hour notice or you may be charged a \$100.00 no show fee for your appointment.**
- 5) Leave all jewelry and personal valuables at home.
- 6) Bring any reading glasses and/or hearing aids.
- 7) **Patient Contact Information (day of procedure):** If you are coming from out of town or staying at a place other than your main residence, please call our office and leave a number where you will be staying in case we need to contact you.

Rev 7/2023