

DIGESTIVE DISEASE SPECIALISTS, INC.

Midwest City Office
Larry A. Bookman, MD
8121 National Avenue, Suite 303
Midwest City OK 73110
Ph: (405) 737-4464 Fax: (405) 737-7674

Name: _____

Date of Procedure: _____

Arrival Time: _____

Procedure Time: _____

Procedure Location:

1 Ambulatory Endoscopy Center / North
Building D, 3366 NW Expressway, Ste. 400
Oklahoma City, OK
Check in at ADMISSIONS

2 Ambulatory Endoscopy Center / South
4201 South Western
Oklahoma City, OK
Check in at ADMISSIONS

**3 Midwest Regional
Medical Center**
2825 Parklawn Drive
Midwest City, OK
Check in at DAY SURGERY

4 Edmond Medical Center
One South Bryant
Edmond, OK
Check in at AMBULATORY CARE

**5 St. Anthony Hospital
Outpatient Center**
1000 North Lee
Oklahoma City, OK
Check in at Main Admitting

Moviprep Instructions for Colonoscopy

You will need to purchase enclosed prescription for MOVIPREP from your pharmacy prior to preparing for your procedure. FOLLOW THE FOLLOWING INSTRUCTIONS FOR MOVIPREP.

If you are taking **COUMADIN, PLAVIX OR ASPIRIN PRODUCTS**, you will need to **STOP** them three (3) days prior to your procedure.

If you are a diabetic and you are on oral medication, you will not take medication the day before or the morning of your procedure, but you will need to bring your medication with you.

Start a **CLEAR LIQUID DIET** on _____. You will remain on a clear liquid diet for the entire day. (**SEE ENCLOSED**) If your procedure is scheduled in the afternoon you may have a clear liquid breakfast before 8:00 a.m.

You will need someone to drive you home after your procedure. The doctor will not be able to sedate you if someone is not at the facility with you.

If you have any questions or need more information, please feel free to contact my office at: (405)737-4464.

******IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.******

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Moviprep Instructions

Your doctor will need a clear view of your colon, it is essential that the colon be completely free of stool. Therefore you must complete a bowel preparation regimen as follows:

******Once you have started your prep, remain near toilet facilities******

- 1) Beginning the day prior to your procedure you will be restricted to a clear liquid diet. Clear liquids consist of water, coffee, tea, sodas, fruit juices (no orange juice), broth, Jell-O, (no red or purple), and popsicles.
No alcohol, solid food, milk, or cream.

- 2) At _____ AM PM on _____ mix packets A and B in the 1 liter container. Drink 8oz of this solution every 15 minutes until gone.

- 3) After drinking this portion of your prep drink 16 oz of clear liquids of your choice.

- 4) At _____ AM PM on _____. Mix the second set of packets A and B into the 1 liter container. Drink 8oz of this solution every 15 minutes until gone

- 5) After drinking the final portion of your prep, drink 16 oz of clear liquids of your choice. Have nothing to drink after completing the final 16oz of clear liquids.

*****If you experience problems during the bowel prep, please call the office at 737-4464. There is always a physician on-call after hours. *****

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Clear Liquid Diet

Beverages

Tea or coffee (no cream or milk)
White cranapple, apple, white grape, or white cranberry juice
Fruit flavored drinks
Carbonated drinks

Desserts

Jell-O
Popsicles

Soups

Fat-free chicken or beef bouillon
Fat-free chicken or beef broth

Miscellaneous

Salt
Sugar, syrup, jelly, honey
Plain hard candy in small amounts

NOTHING RED OR PURPLE