

DIGESTIVE DISEASE SPECIALISTS, INC.

Mercy Plaza Office
David A. Neumann, MD
4140 W. Memorial Rd, Suite 207
Oklahoma City OK 73120
(405) 751-9427

Name: _____

Date of Procedure: _____

Arrival Time: _____

Procedure Time: _____

Procedure Location:

1 Ambulatory Endoscopy Center (AEC)
3366 NW Expressway
Baptist Physician's Building D, Ste. 400
SEE MAP ON BACK

2 Mercy Outpatient Diagnostic Center
4300 West Memorial Road
Mercy Health Center
CHECK IN AT ADMISSIONS

MOVIPREP INSTRUCTIONS

STOP ALL ASPIRIN, ARTHRITIS MEDICATIONS, BLOOD THINNERS, OR IRON PREPARATIONS ONE WEEK PRIOR TO THE PROCEDURE.

- On _____, the day before the examination, start on a clear liquid diet ALL DAY
- At 4 p.m. on _____ mix packets **A and B** in the 1-liter container and refrigerate
- At 5 p.m. drink 8 ounces of this solution every 15 minutes until gone followed by 2(two) 8 oz glasses of clear liquids
- At 6 p.m. mix the second set of packets **A and B** into the 1-liter container and refrigerate
- At 7 p.m. drink 8 oz of this solution every 15 minutes until gone followed by 2 (two) 8 oz glasses of clear liquids
- The day of your examination on _____
- If your procedure is in the morning, do not eat or drink after midnight
- If your procedure is in the afternoon, have a clear liquid breakfast no later than 7 a.m. then nothing to eat or drink until after the procedure

REMEMBER YOU MUST BRING SOMEONE WITH YOU TO DRIVE YOU HOME. IF YOU DO NOT, THE PROCEDURE WILL NOT BE DONE. PLEASE LEAVE ALL VALUABLES AT HOME, THE CENTER IS NOT RESPONSIBLE FOR YOUR VALUABLES.

The day of your exam _____, please continue all routine medications except for those mentioned above. If you use insulin or diabetic medicine, take one-half your normal dose on _____, and none on the day of the procedure until afterwards.

Please call for any problems or questions at (405) 751 9427.

Please remember that your examination is scheduled for _____

******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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CLEAR LIQUID DIET GUIDELINES

PURPOSE:

CLEAR LIQUIDS MAY BE USED IN CONDITIONS WHERE IT IS NECESSARY OR DESIRABLE TO REDUCE THE AMOUNT OF FECAL MATERIAL IN THE COLON. IN THIS REGARD, CLEAR LIQUIDS ARE COMMONLY PRESCRIBED PRIOR TO VISUAL EXAMINATIONS.

RECOMMENDED LIQUIDS:

JUICES: APPLE, GRAPE, CRANBERRY, OR ANY CLEAR JUICES

SOUPS: CLEAR BROTH, BOUILLON, OR CONSOMME

DESSERTS: ANY FLAVORED JELLO, (EXCEPT NO RED JELLO), POPSICLES, AND FRUIT ICE.

SWEETS: CARBONATED BEVERAGES, TEA, COFFEE, FLAVOR FRUIT DRINKS, KOOL-AID AND NO MILK PRODUCTS.

DEPENDING ON YOUR MEDICAL STATUS, YOU MAY USE NUTRITIONAL SUPPLEMENTS IN ADDITION TO THE ABOVE CLEAR LIQUIDS. EXAMPLES {ENSURE & BOOST}. THESE CANNED SUPPLEMENTS ARE NUTRITIONALLY COMPLETE AND ALLOW FAR MORE CALORIES THAN THE CLEAR LIQUIDS. THESE SUPPLEMENTS CAN BE OBTAINED AT ANY DRUG AND GROCERY STORES.