

Harbour View Office  
5839 Harbour View Blvd  
Suite 200

Harbour View Outpatient  
5818 Harbour View Blvd  
One Story Bldg, Suite B-1

Lakeview Medical Center  
2000 Meade Parkway  
ASC Window

Maryview Medical Center  
3636 High Street  
Patient Registration 1st Floor

**Gastrointestinal & Liver Specialists of Tidewater, PLLC**  
**MoviPrep Split Dose Prep for Colonoscopy**

**Bowel prep prescription sent to your pharmacy on file:**

- **MoviPrep bowel prep kit-please check with the pharmacy to make sure the prep is ready, if not call the office immediately.**

**If you are on a blood thinner**, we must obtain clearance from your prescribing doctor to stop the medication. Our office will contact you with the response from his/her office. **DO NOT STOP it by yourself.** You may continue taking Aspirin or NSAIDS if you need.

Diabetic Instructions: \_\_\_\_\_

Do you have a pacemaker or defibrillator? Y/N

Are you currently on Dialysis Y/N

**5 DAYS BEFORE THE PROCEDURE: Stop all iron tablets or iron containing products, including multivitamins.**

**2 DAYS BEFORE THE PROCEDURE: FOLLOW LOW RESIDUE DIET – SEE BACK OF THIS SHEET**

**1 DAY BEFORE THE PROCEDURE: NO SOLID FOODS ALLOWED**

- **The ENTIRE day before your procedure, \_\_\_\_\_ follow a clear liquid diet all day, including breakfast, lunch, and dinner. Take at least 8 x 8 Oz. of water spread throughout the day.**
- **Examples of acceptable clear liquids are:** Broth or bouillon, Popsicles (no red), Clear fruit juices (no pulp) Gatorade (no red), Plain Jell-O (no red), carbonated beverages, black Tea/Coffee, Ensure Clear (Apple flavor only).
- **At 1:00 PM**, empty 1 pouch A and 1 pouch B in to the disposable container. Add lukewarm water to the top line of the container. **Mix to dissolve and refrigerate.** NOTE: You still have 2 pouches to mix for the second part of the prep
- **At 6:00PM**, Start drinking the MoviPrep solution. The Moviprep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 Oz.), until the full liter is consumed Drink 16 Oz. of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep
- Please attempt to drink at least 3 more 8 Oz. portions of any clear liquids listed above before bedtime.
- **Before bedtime**, mix another pouch A and pouch B in to the disposable container. Add lukewarm water to the top line of the container, mix well and refrigerate.

**ON THE DAY OF THE PROCEDURE:**

- At \_\_\_\_\_ (**6 hours prior**) to your scheduled procedure time, repeat the process of drinking the full liter of MoviPrep solution, followed by 16 Oz. of the clear liquid of your choice. You can drink clear liquids mentioned above **till 4 hours prior.**
- Take any blood pressure, heart, and seizure medication with a **sip of water.**
- **4 HOURS BEFORE YOUR PROCEDURE \_\_\_\_\_: NOTHING CAN BE CONSUMED FROM THIS POINT FORWARD.** Failure to comply may result in delay or cancellation of your procedure.
- **DO NOT HAVE GUM OR HARD CANDY. NO SMOKING THE DAY OF THE PROCEDURE.**

Report to: \_\_\_\_\_

Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_ Procedure time: \_\_\_\_\_

**You are required to have a responsible adult accompany you to your procedure, stay in the building during your procedure, and take responsibility for you after your procedure.**  
**You should not drive before and may NOT drive after your procedure.**  
**You should not drive, operate any type of machinery, or do any heavy lifting until the day after your procedure.**  
**Please understand that our office, as well as the hospitals, are unable to accept responsibility for your valuables; we ask that you please leave all valuables at home or with your responsible adult during your procedure.**

If your colonoscopy has been scheduled as a screening, meaning you have no symptoms with your bowels\*, and your doctor finds a polyp or tissue that needs to be removed during the procedure, this colonoscopy is no longer considered a screening procedure; it is considered a surgical procedure, and your insurance benefits may change. Please check with your insurance company prior to starting the bowel preparation. (\*Symptoms, such as change in bowel habits, diarrhea, constipation, bleeding, anemia, etc.)

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name (print) \_\_\_\_\_ Account \_\_\_\_\_ M.A. Initials \_\_\_\_\_

Please call 757-483-6100 if you experience problems or have concerns. Our physicians are available 24 hours a day for emergencies.