



NORTH VALLEY GASTROENTEROLOGY MEDICAL GROUP
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YOUR PHYSICIAN: DR. CHOW DR. DOMA DR. KIM DR. KAPOOR

MOVIPREP SCHEDULE

Patient Name: _____ Date of Procedure: _____ Time: _____

Place: The Endoscopy Center Rideout Memorial Hospital

IF YOUR PROCEDURE IS AT THE ENDOSCOPY CENTER: PLEASE READ RIGHT AWAY!

1. **YOU MUST BRING A LIST OF ALL MEDICATIONS (PRESCRIPTION, OVER THE COUNTER, VITAMINS, HERBS, AND DIETARY SUPPLEMENTS). This list must include the medication name; dose (how much you take-one tablespoon, 10mg, 2 puffs); Frequency (how often you take the medication, every morning, every evening, twice a day, once a week, as needed). If you do not have your medication list your procedure will be postponed while you go home and get the list or rescheduled for another time.**
2. Call your insurance company to verify benefits at The Endoscopy Center.
3. Please do not arrive any earlier than your scheduled time, as a bed may not be available. Doors open at 6:30am.
4. Your procedure will start approximately 30 minutes after your scheduled arrival time.
5. Your length of stay will be approximately 2 hours.
6. If you wear reading glasses, please bring them. You need them to read your consent and discharge instructions.
7. Wear comfortable clothing- you will be given a patient gown to wear for the procedure.
8. It would be best to leave your valuables at home.
9. If you normally wear a pad for urine or stool incontinence, you may want to do so after the procedure.

SPECIAL INSTRUCTIONS AND RESTRICTIONS:

1. NO ASPIRIN, 7 days prior to or 2 weeks after procedure. This includes all Alka-Seltzer + Arthritis medications (e.g. Advil, Motrin, Plavix, etc. unless cleared by your Doctor.
2. Tylenol is allowed. Let your doctor know if you are on any blood thinners such as Coumadin.) PLEASE CALL TO CLARIFY ANY QUESTIONS.
3. ON THE DAY OF YOUR PROCEDURE TAKE ALL YOUR BLOOD PRESSURE AND HEART MEDICATIONS as prescribed with a small drink of water.
4. If you take INSULIN, take only as directed by your Dr. for that day.
5. If you take a PILL to control your BLOOD SUGAR, DO NOT TAKE it until after your procedure.
6. Please bring only ONE person as space is limited. CHILDREN ARE NOT ALLOWED.
7. YOU WILL NEED A DRIVER the day of your procedure and someone to stay with you. You will be sedated for your procedure and likely to be sleepy. You MUST NOT DRIVE (it is illegal and unsafe), operate machinery, use stove/oven, make important decisions, or sign important papers for 24 hours. (We can not send you home in a taxi.)
8. Your Physician will speak to you and your driver between procedures. Because of the medication you may not remember your doctor talking to you. This makes it very important that your driver be present to hear what the doctor has to say.

ON: _____ (Day Before Exam) You may have Clear Liquids (no solid food) until midnight. Clear liquids may be taken all day long (nothing with pulp or solid in it). Black coffee, tea, broth, soda, juice (apple, white grape, white cranberry), popsicles, and jell-o. NOTHING COLORED RED and NO MILK OR MILK PRODUCTS.

At 12 P.M.: Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm drinking water to the top line of the container. Mix to dissolve and then refrigerate.

At 2 P.M.: Start drinking prep. The MoviPrep container is divided in to 4 marks. Every 15 minutes, drink down to the next line (8 oz.) until the full liter is complete. Then drink 16 oz of the clear liquid of your choice. When the container is empty mix the second container the same as the first and refrigerate.

At 5 P.M.: Start drinking the second liter of MoviPrep. Drink down one line every 15 minutes until completed. Then drink 16 oz of the clear liquid of your choice.

You may have a clear liquid diet until midnight. NOTHING AFTER MIDNIGHT, except water with your morning medications.

PLEASE DO NOT WAIT UNTIL THE MORNING OF THE PROCEDURE TO

CONTACT THE DOCTOR IF YOU HAVE ANY PROBLEMS OR QUESTIONS!!!

Please call us ANYTIME at 671-3671.