



# Jordan & Associates

## GASTROENTEROLOGY, P.A.

Christopher P. Jordan, M.D.

Jordan Digestive Diagnostic Center, 649 Guy Road, Clayton, NC 27520

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### MIRALAX PREP FORM

**Please Follow Our Prep Instructions – Not the Instructions on the Box!**

Please purchase Miralax over the counter:

#### BEGINNING 4 DAYS PRIOR TO YOUR PREP DAY

Take 1 capful of Miralax; mix with 8 oz. of water and drink.

Do this twice Daily. Begin this on \_\_\_\_\_.

#### ON THE DAY BEFORE YOUR PROCEDURE

1. Clear liquid diet all day. DRINK PLENTY OF CLEAR LIQUIDS UP UNTIL MIDNIGHT.
2. Start your assigned bowel prep between 5 pm and 6 pm.
3. Diabetics: Take a half dose of your morning insulin, no evening dose and no diabetic pills. If you feel your sugar is, you may take 1-2 tablespoons of honey.
4. Do not drink anything after midnight with the exception of your bowel prep and water for the bowel prep.
5. Please follow the instructions carefully to ensure adequate preparation of your colon.

**The two Promethazine tablet instructions:** If you become nauseated while doing your prep, you can take 1 tablet every four to six hours as needed.

#### THE DAY OF YOUR PROCEDURE

1. Drink your second dose of your assigned bowel prep beginning at: \_\_\_\_\_
2. Bring all medications with you on the morning of your procedure.
3. Arrange for a driver to come with you the morning of the procedure. The driver must stay at the office and is not allowed to leave.
4. Please understand if you eat or drink (other than your prep) the morning of your procedure or do not have a driver, your procedure will be cancelled.
5. The only medication you **should not** take is your diabetic medication. Please take all medications with a small sip of water.
6. Our goal is for this procedure to move along as quickly as possible. We occasionally run into a case that requires Dr. Jordan to spend additional time with the patient. Therefore, we do ask that you please allow 2-3 hours from start to finish for your scheduled procedure.

**Appointment Date:** \_\_\_\_\_

\_\_\_\_\_ **Report to: Our Office: 649 Guy Road, Clayton, NC 27520**

\_\_\_\_\_ **Report to: Duke Raleigh: 3400 Wake Forest Road, Raleigh, NC 27609**

**Your procedure is scheduled to start at:** \_\_\_\_\_

**Please call (919) 938-4404 should you have any questions.**