

Gastroenterology Associates, N.A., P.C.
1010 1st Street North, Suite 112, Alabaster, AL 35007
205-663-1023

John P. Day, M.D.
Bradley A. Rubery, M.D.

Robert D. Marks, M.D.
Robert D. Loudon, M.D.
Brian A. Brunson, M.D.

Trilyte Instructions

Dr. _____ Date _____ Arrival Time _____
(Arrival time, not procedure time)

Place to register: _____ Digestive Disease Center (Front of hospital by flagpole)
_____ One Day Ambulatory Surgery (Physician Center, Suite 140)
_____ Main Admitting Desk (Enter through main hospital entrance)

The above time that was given to you is your sign-in-time. This is your early time. Please be aware that your time from start to finish could be as much as 4 hours due to unforeseen emergencies. You cannot drive for 24 hours after your procedure and **MUST** bring a driver with you. Your driver **MUST** stay in the waiting room until you are discharged. You **CANNOT** be dropped off. After your physician completes the test, he will speak to the person with you about his findings and recommendations.

24 to 48 HOURS PRIOR TO YOUR PROCEDURE YOU WILL NEED TO GET THE FOLLOWING:

- * Detach the bottom 1/3 of this page for your Trilyte and Reglan prescription and take to your pharmacy.
- * 1 (ONE) 10 ounce bottle of Lemon-Lime Magnesium Citrate. This can be purchased over the counter.

THE DAY BEFORE YOUR PROCEDURE:

1. Begin clear liquids upon awakening.
CLEAR LIQUIDS ALLOWED: bouillon cubes, broth, tea, coffee, soft drinks and **green or yellow** JELL-O or popsicles.
- DO NOT USE RED, ORANGE, PURPLE, OR BLUE. NO SOLID FOOD OR MILK PRODUCTS ALLOWED.**
2. Mix your Trilyte. Add one flavor packet and fill the container with tap water to the top, Refrigerate until ready to use.
3. At 5:30 PM take 1(one) Reglan tablet.
4. At 6:00 PM begin drinking Trilyte solution. Drink 2 Liters of the Trilyte between 6:00 PM and 7:15 PM.
5. At 7:30 PM take 1 (onc) Reglan tablet.
6. At 8:00 PM begin drinking the remaining 2 Liters of Trilyte, until it is gone.
7. **You may experience some nausea and abdominal discomfort. This should become more comfortable as you continue to have bowel movements.**
8. Do not eat or drink anything after 12 midnight.

THE DAY OF YOUR PROCEDURE:

1. At 5:00 AM drink 1 (one) 10 ounce bottle of Lemon-Lime Magnesium Citrate.
2. If you take heart, blood pressure or seizure medications, take them with a sip of water at 6:00 AM. All other medications should be taken after your procedure.
3. Nothing to eat or drink
4. **PLEASE BRING A CURRENT LIST OF MEDICATIONS WITH YOU!**

If you have any questions concerning the procedure or preparation for the procedure, please call our scheduling office at: **205-663-1023 between the hours of 8:30 AM and 12:00 PM.** It is **VERY IMPORTANT** that you follow these instructions. They your bowel is prepared the better your physician can visualize your colon.

*****Detach Prescription Here*****

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___ John P. Day, M.D. ___ Robert D. Marks, M.D. ___ Robert D. Loudon, M.D. ___ Bradley A. Rubery, M.D. ___ Brian A. Brunson

Name: _____ DOB: _____ Date: _____

RX: Trilyte (PEG-3350 and Electrolytes for Oral Solution) Sig: Use as directed Dispense: 4 Liter container

RX: Reglan 10 mg Sig: Use as directed Dispense: #2

NO REFILL _____, M.D. DEA # _____
_____ Generic Acceptable _____ Generic NOT acceptable

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Suprep Instructions:

Dr. _____ Date _____ Time _____
(Arrival time, not procedure time)

Place to register: Digestive Disease Center (Front of hospital by flagpole)
 One Day Ambulatory Surgery (Physician Center, Suite 140)
 Main Admitting Desk (Enter through main hospital entrance)

The above time that was given to you is your sign-in-time. This is your early time. Please be aware that your time from start to finish could be as much as 4 hours due to unforeseen emergencies. You cannot drive for 24 hours after your procedure and **MUST** have a driver with you. Your driver **MUST** stay in the waiting room until you are discharged. You **CANNOT** be dropped off. After your physician completes the test, he will speak to the person with you about his findings and recommendations.

The day before your procedure:

1. Begin a clear liquid diet upon awakening.
CLEAR LIQUIDS ALLOWED: bouillon cubes, broth, Jell-O, popsicles, tea, coffee and soft drinks. Only green and yellow are allowed. **DO NOT USE** red, orange, purple or blue flavors/colors. **NO SOLID FOOD OR MILK PRODUCTS ALLOWED.**
2. At _____ P.M. mix 1 (one) bottle of Suprep (brown bottle) in the provided mixing container. You will then fill the container to the red line with cool drinking water. Drink **ALL** the liquid in the container. Next, you must drink 2 (two) more 16-ounce containers of water over the next hour.
3. Continue clear liquids until midnight.

The morning of your procedure:

1. Nothing to eat or drink after midnight.
 2. At _____ A.M. mix the second bottle of Suprep (brown bottle) in the provided mixing container. You will then fill the container to the red line with cool drinking water. Drink **ALL** the liquid in the container. Next, you must drink 2 (two) more 16-ounce containers of water over the next hour.
 3. You must finish drinking the final glass of water at least 2 (two) hours before your procedure.
 4. **PLEASE BRING A CURRENT LIST OF MEDICATIONS WITH YOU!**
 5. **IF YOU TAKE BLOOD PRESSURE, HEART, OR SEIZURE MEDICATIONS, YOU MAY TAKE THEM THE MORNING OF YOUR PROCEDURE WITH A SMALL SIP OF WATER.**
- If you have any questions concerning the procedure or preparation for the procedure, please call our scheduling office at: **205-663-1023 between the hours of 8:30AM and 12 noon.** It is **VERY IMPORTANT** that you follow these instructions

**** DETACH PRESCRIPTION HERE ****

Gastroenterology Associates, N.A., P.C.

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Name: _____ DOB _____ Date _____
Address: _____

Rx: Suprep Bowel Prep Kit (sodium sulfate, potassium sulfate, and magnesium sulfate Oral solution)

(17.5g/3.13g/1.6g) per 6 ounces

Sig: Use as directed Dispense: 1 Prep kit

NO REFILL _____, M.D. DEA# _____
_____ GENERIC IS NOT ACCEPTABLE _____ GENERIC IS ACCEPTABLE

For MoviPrep[®] assistance, call
TOLL-FREE from 5:00 PM - 9:00 AM

1-855-4MOVIRX

(1-855-466-8479)

MOVIPREP



Gastroenterology Associates, N.A. P.C.
1010 1st Street North, Suite 112, Alabaster, AL. 35007
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DR. _____ DATE _____ ARRIVAL TIME _____

PLACE TO REGISTER: _____ Digestive Disease Center (front of hospital by flagpole)
_____ One Day Ambulatory Surgery (Physician Center, Suite 140)

MOVIPREP COLON SPLIT DOSE PREPARATION INSTRUCTIONS

You must purchase:

One prescription MOVIPREP BowelPrep –your prescription is on the bottom of these instructions
Small jar of Vaseline

***Five days before the Exam:**

Restricted residue diet: Do not eat seeds, nuts, popcorn, or corn. Stop fiber supplements; Metamucil, Citrucel, Fibercon, etc.
Stop blood thinners and aspirin, including Alka-Seltzer, Excedrine, Goody's, BC's, etc. Tylenol is OK. (see "Other Important Instructions" on back)

***The day before the Exam:**

You may take certain medications, as listed on the back.
You may have a **light** breakfast (see list on back).

Drink only CLEAR LIQUIDS the rest of the day (see list on back).

7:00AM: Mix 1 pouch A and 1 pouch B with lukewarm water in disposable container and refrigerate.

6:00PM: Drink 8 ounce glass of solution or down to first mark on prep container every 15 minutes and repeat until container is empty. Mix remaining pouch A and remaining pouch B with lukewarm water in disposable container and refrigerate.

Drink an additional 2 glasses of any clear liquid between 8:00-9:00PM.

***The morning of the Exam:**

3:00AM: Drink 8 ounce glass of solution or down to first mark on prep container every 15 minutes and repeat until container is empty.

Drink an additional 2 glasses of clear liquid. THIS SHOULD BE COMPLETED NO LATER THAN 4:00AM.

Do not eat or drink anything, except the water as needed to take medications and completion of prep.
See morning medication instructions on the back.

Use Vaseline around the rectum to protect the skin during the colon prep.

COLON PREPARATION INSTRUCTIONS (continued)

Light Breakfast may include:

Anything from the Clear Liquids List
One boiled or poached egg or a small portion of skinless chicken, turkey or fish
White toast without butter
One can of Ensure (not Ensure Plus)

Clear Liquids List (NOTE- Avoid red and purple coloring):

Soft drinks (orange soda, ginger ale, cola, Sprite, 7-UP, etc.)
Gatorade or other sports drinks, Kool-Aid
Strained fruit juices without pulp (apple, white grape, orange lemonade, etc.)
Water, tea, or coffee without cream, milk, or non-dairy creamer
Broth-type soups (fat-free chicken, or beef broth or bouillon)
Desserts (hard candies, Jello-O, (lemon, lime, or orange without fruit), popsicles)

Other Important Instructions:

You will be sedated. You **MUST** have someone with you to drive you home and to help you remember the doctor's instructions after the procedure. **YOUR DRIVER MUST STAY WITH YOU, NOT DROP YOU OFF AND RETURN LATER.**

Do not take aspirin or blood thinners for five days before the exam. **If you have an artificial heart valve or other condition that makes it dangerous to stop your blood thinner for five days, tell us so we can decide whether to proceed with the exam despite the increased risk of bleeding.** Consult your cardiologist or other physician who prescribes the blood thinner if there is any doubt about the safety of stopping it for 5 days or longer.

Detach Prescription Here

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1010 1st Street North, Ste 112, Alabaster, AL 35007-----205-663-1023
___ Brian Brunson, M.D. ___ John Day, M.D. ___ Robert Marks, M.D. ___ Robert Loudon, M.D.

NAME _____ DOB _____ DATE _____

RX: DISPENSE ONE MOVIPREP BOWEL KIT, USE AS DIRECTED, DISPENSE AS WRITTE

NO REFILL _____

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MIRALAX PREP

Dr _____ Date _____ Time _____
(Arrival time, not procedure time)

Place to register: _____ Digestive Disease Center (front of hospital by flagpole)
_____ One Day Ambulatory Surgery (Physician Center, Suite 140)

The above time that was given to you is your sign-in time. This is your early time. Please be aware that your time from start to finish could be as much as 4 hours due to unforeseen emergencies. You cannot drive for 24 hours after your procedure and **MUST** have a driver with you. Your driver must stay in the waiting room until you are discharged. You **CANNOT** be dropped off. After your physician completes the test, he will speak to the person with you about his findings and recommendations.

TO PREPARE FOR YOUR PROCEDURE, YOU WILL NEED TO PICK UP THE FOLLOWING ITEMS AT YOUR PHARMACY:

- *TWO (2) DULCOLAX TABLETS (over-the-counter)
- *ONE (1) 255 GRAM BOTTLE OF MIRALAX (prescription attached)
- *ONE (1) 64 oz GATORADE (NO red, purple, orange, or blue)

PREPPING INSTRUCTIONS

The day before your procedure:

1. Begin clear liquids. This is from the time you awaken until midnight.
CLEAR LIQUIDS ALLOWED: bouillon cubes, broth, Jell-O, popsicles, tea, coffee, soft drinks. Only green and yellow are allowed. Do not use red, purple, orange, or blue flavors. **NO SOLID FOOD OR MILK PRODUCTS ALLOWED.**
2. At 3:00pm take two Dulcolax tablets with 8oz of water. Swallow tablets whole.
3. At 5:00pm mix the 255 gram bottle of Miralax in 64 oz of Gatorade. Shake well.
4. Drink 8oz glass of the Miralax/Gatorade mixture every 10-15 minutes until the entire bottle is gone.

The morning of your procedure:

1. Nothing to eat or drink after midnight.
2. Take your heart, blood pressure, or seizure medication with a small sip of water by 5:30am.

IF THERE IS A PROBLEM NOT MENTIONED, or if you have any questions about your prep or procedure, please call our scheduling office at: **(205)663-1023 between 8:30am and 12 noon**. It is VERY IMPORTANT that you follow the prepping instructions given to you by our office. The better your bowel is prepped, the better the doctor can visualize your colon.

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Robert D. Loudon, M.D.

1010 First Street North, Suite 112
Alabaster, AL 35007
Ph (205)663-1023 Fax (205)802-7778

Name _____ DOB _____ Date _____

Rx: Miralax (Polyethylene Glycol 3350, NF Powder for Suspension) Sig: Use as directed Dispense: One 255g bottle

No Refill _____, M.D. DEA# _____
_____ GENERIC ACCEPTABLE _____ GENERIC NO ACCEPTABLE