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You are scheduled to have a **colonoscopy** on  
Friday/Saturday \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_  
but you must be here by \_\_\_\_\_\_\_\_\_\_\_\_.

**Please follow these instructions:**

**\*\*Do NOT take any Advil, Aleve, Aspirin, Coumadin, Ibuprofen, Motrin, Nuprin or Plavix 7 days prior to your appointment. All other prescribed medications (such as Tylenol) are permitted until the morning of your procedure.**

1. Select **one** of the following below as your breakfast/lunch on Thursday/Friday:\_\_\_\_\_\_\_\_\_\_
   1. Apple sauce
   2. Cottage cheese
   3. Plain yogurt
   4. Vanilla ice cream

**PLEASE REFRAIN FROM EATING FOOD AFTER BREAKFAST/ LUNCH ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. You may continue the clear liquid diet until 5am/6am/7am/8am/9am/10am/11am/12pm/1pm on  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_. After this time, you may have **NOTHING TO EAT OR DRINK AT ALL**.

List of clear liquids you can drink: You may have unlimited amounts. **NO DAIRY**

|  |  |  |
| --- | --- | --- |
| Apple juice or any clear fruit juice | Coconut water | Water |
| Clear broth (beef, chicken, etc.) | Coffee/tea **(NO cream, dairy, or milk)** | Gatorade, Vitamin water, Crystal Light |
| Clear soda (7-up, Ginger Ale, Sprite) | Jello **(NO red or purple)** |  |

1. **Colon Prep: Please follow the instructions according to your prescription**  
   **Step 1:** At 5pm on Thursday/Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_, drink half of the solution within 90 mins. The first bowel movement usually occurs approximately 1 hour after you start drinking the solution. Keep the solution refrigerated.  
   **Step 2:** At 4am/6am on Friday/Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_, drink the second half of the solution within 90 mins. **You may continue the clear liquid diet until** 5am/6am/7am/8am/9am/10am/11am/12pm/1pm.

* **2 Week MiraLAX Instructions: (FOR POOR PREP ONLY)  
  Step 1:** On Monday/Tuesday/Wednesday/Thursday/Friday \_\_\_\_\_\_\_\_\_\_, take 1 MiraLAX packet daily for 14 days.  
  **Step 2:** Take 1 bottle of Magnesium Citrate on Day 15 as directed.  
  **Step 3:** Refer to the above for instructions for Day 16 and 17
* **YOU CANNOT HAVE ANY LIQUIDS 3 HOURS BEFORE YOUR EXAM OR IT WILL BE CANCELLED AND**

**A CANCELLATION FEE WILL BE CHARGED**

* **Females will be required to have a pregnancy test as a routine preoperative safety check.**
* **You MUST have an escort pick you up after the procedure.**
* **PLEASE CHECK WITH YOUR INSURANCE ABOUT YOUR COVERAGE FOR YOUR COLONOSCOPY SO YOU CAN MAKE APPROPRIATE ARRANGEMENTS.**

**LET YOUR INSURANCE KNOW THAT THE CPT CODE FOR THE OFFICE IS 45380 OR GO121**

**It is the patient’s responsibility for any deductible amounts or co-insurance not covered by your current insurance plan.**

**Poor Prep RX Chart (for poor prep ONLY)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Day 1  1 packet of  Miralax | Day 2  1 packet of  Miralax | Day 3  1 packet of  Miralax | Day 4  1 packet of  Miralax | Day 5  1 packet of  Miralax | Day 6  1 packet of  Miralax | Day 7  1 packet of  Miralax |
| Day 8  1 packet of  Miralax | Day 9  1 packet of  Miralax | Day 10  1 packet of  Miralax | Day 11  1 packet of  Miralax | Day 12  1 packet of  Miralax | Day 13  1 packet of  Miralax | Day 14  1 packet of  Miralax |
| Day 15  Magnesium  Citrate  (as directed) | Day 16  Refer to  Instructions  on page 1 | Day 17  (procedure day)  Refer to  instructions  on page 1 |  |  |  |  |