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### COLYTE PREP FOR COLONOSCOPY

The day before the examination, which is: \_\_\_\_\_ follow these instructions.

**You may only have clear liquids the entire day of your prep. FORCE FLUIDS ALL DAY!**  
Examples of clear liquids include water, soft drinks, Jell-o or iced popsicles that are not red or orange in color, apple juice, white grape juice, white cranberry juice, iced tea, black coffee or hot tea, chicken or beef broth/bouillon.

**YOU ARE NOT PERMITTED TO HAVE SOLID FOODS, MILK OR DAIRY PRODUCTS, ALCOHOL, AND ANYTHING WITH RED OR ORANGE DYES.**

- 9:00 a.m. Take 2 Dulcolax (Bisacodyl) tablets.
- 11:00 a.m. Take 2 Dulcolax (Bisacodyl) tablets.
- 3:30 p.m. Take 10 mg. Reglan (Metoclopramide) tablet. This is a medication which will help to empty the bowels and prevent nausea.
- 4:00 p.m. Begin drinking half the prep. Drink an 8 oz. glass every 10 minutes.
- 7:00 p.m. Finish drinking the other half of the prep. Drink 8 oz. glass every 10 minutes.

After completing the prep, you should continue forcing clear liquids throughout the rest of the day/evening.

**YOU MAY DRINK CLEAR LIQUIDS UP UNTIL 4 HOURS PRIOR TO YOUR ARRIVAL TIME THE DAY OF THE PROCEDURE. This includes hard candy, lozenges, and chewing gum. NO SMOKING AFTER MIDNIGHT.**

Your examination will be performed at:

\_\_\_\_\_ Harrisburg Endoscopy & Surgery Center

\_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_

You will be contacted with your actual arrival time the day before your procedure by the Harrisburg Endoscopy Center if you have not received a call by 1 PM call them at (717) 545-8525.

You must have a responsible person drive you home after the examination is completed. You may not walk, take a taxi, bus or any other form of public transportation.

The above instructions have been explained to me.

\_\_\_\_\_  
Patient Witness Date

\_\_\_\_\_ Best phone number to reach you the day prior to your procedure.

\_\_\_\_\_ I give my permission to Harrisburg Endoscopy Center to leave a detailed message at the above number with instructions and arrival time for my procedure.

Form 6  
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