

You must call our office to confirm your appointment **48 business hours** prior to your procedure at 903-526-3030. **If you do not call to cancel within 48 business hours, you will be charged a \$325 no show fee. Monday appointments must be canceled by Thursday.**

Miralax Colon Prep

You will need to purchase a 238 gram (8.3 oz) bottle of Miralax and 4 Dulcolax stool softener tablets.

- 1. Beginning the day before your procedure when you wake up, you may have clear liquids only.** Clear liquids include: beef or chicken broth, jello (**no red**), coffee (**no creamer**), tea, sodas, apple juice, popsicles, gatorade, hard candy, (**no red**) and water. You may not have tomato juice, orange juice, or any dairy products or red dyes. **DO NOT EAT ANY SOLID FOODS THE ENTIRE DAY BEFORE YOUR PROCEDURE.**
2. Starting at noon the day before your procedure, take 4 Dulcolax tablets. At 5:00pm, mix the whole bottle of Miralax with 64 ounces of Gatorade or juice (no red). Shake until dissolved. Drink 8 ounces every 10-15 minutes until all solution is gone.
- 3. You may continue to have clear liquids up until 4 hours prior to your procedure. You may not have anything after this time.**
- 4. DO NOT USE TOBACCO/NICOTINE PRODUCTS OF ANY KIND FOR 8 HOURS PRIOR TO YOUR PROCEDURE. THIS INCLUDES MARIJUANA OR ANY OTHER ILLEGAL DRUGS.**

You may take any medications that are not listed below. You may also take Tylenol or extra strength Tylenol. **All medications listed below should be stopped 5 days prior to your procedure:**

Aspirin	Plavix	Aggrenox	Ecotrin	Relafen	Dicumarol
Agrylin	Flalan	Trental	Ticlid	Aggrostat	Ibuprofen
Advil	Excedrin	Bextra	Motrin	Feldene	Aleve
Naproxyn	Celebrex	Vioxx	Mobic	Orudis	Voltaren
_odine	Nalfon	Ansaïd	Anacin	Naprosyn	Oruvail
Toradol	Doan's	Meclamen	Persantine	Daypro	Clinoril
Tolectin	Vitamin E	Pletal	Coumadin	Warfarin	Salsalate
Pradaxa	Xarelto	Dipryridamole	Tylenol Arthritis	Any other "blood thinner"	

***** If taking PHEENTERMINE this must be stopped **14 days** prior to this procedure *****

***** If taking a semaglutide this **MUST** be stopped 7 day or more prior to your procedure *****

OZEMPIC RYBELSUS WEGOVY SAXENDA MOUNJARO TRULICITY BYETTA VICTOZA

Procedure Date/Check In Time: _____

Olympic Plaza 2nd Floor
Digestive Disease Center
700 Olympic Plaza

**YOUR UPFRONT COST FOR DR FANOUS IS \$ _____
MUST BE PAID BY _____ IF NOT PAID BY THIS
DATE YOU WILL AUTOMATICALLY BE REMOVED FROM THE
SCHEDULE.**

**You may also receive a bill after your procedure
THIS PRICE DOES NOT INCLUDE
HOSPITAL OR ANESTHESIA CHARGES**

YOU MUST HAVE SOMEONE HERE WHEN YOU ARE DISCHARGED TO DRIVE YOU HOME.
***** THIS DOES NOT INCLUDE A TAXI.*****