

Department of Gastroenterology 101 West University Avenue • Champaign, IL 61820 217.366.6162

Patient Instructions COLONOSCOPY (AM)

	Patient's name			
	Date of procedure		Time of arrival	
How do I	prepare for the p	rocedure?		
☐ 1 week	before the exam, stop	taking aspirin		
○ I ○ I ○ I ○ I □ 1 full d breakfas	Tylenol is permitted Please inform us if you liabetic medication Do not take any arthritary (the entire day) be	u are taking Coumatis medication unle	in, Aleve and Ibuprofen adin, any other blood thinner or any as approved by your Gastroenterologist (NOT 24 hours before), starting at midnight, then nothing after that time	
	mples Include: 7-Up® Dr. Pepper® Coke® Mountain Dew® Ginger ale	Squirt® Slice® Pepsi® Sprite® Water	Beef, chicken or vegetable broth Gatorade or other sport drinks Apple, grape or cranberry juice Hot or iced tea Black coffee	
adde	ed. DO NOT DRINK	any milk or milk p	flavor without red coloring and no fruit roducts, orange or grapefruit juice.	
citra	_	our) 8 oz. glasses o	s with 10 ounce bottle of magnesium f clear liquid of your choice, within 1 to	2
	:00 p.m., take 2 Dulc te. Drink <u>more</u> clear l		s with 10 ounce bottle of magnesium	



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On the day of your exam, please report to the Registration Desk of Presence
Covenant Medical Center (1400 West Park Street, Urbana, IL 61801).
 You may take your routine medications
Be sure that someone is with you to drive you home. Your ride must be confirmed by
the Procedure Center <u>before</u> your procedure. A taxi or bus is not acceptable unless
you have someone accompanying you.

If you are unable to keep the appointment, please <u>cancel at least 24 hours before</u> your scheduled time by calling the Gastroenterology Department at <u>217-366-6162</u>