**CLENPIQ PREP INSTRUCTIONS**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB \_\_\_\_\_\_\_\_\_\_\_\_ RX sent to your pharmacy

**Date of Colonoscopy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ **MUST** Arrive at: \_\_\_\_\_\_\_\_\_\_\_

⃝ Methodist Charlton Medical Center: 3500 W Wheatland Rd- Outpatient center 214-947-5450

⃝ Methodist Midlothian Medical Center: 1201 East US-287 – Outpatient center 469-846-6100

⃝ Methodist Mansfield ASC Center: 252 Matlock Road Ste 430 POB 2 at the hospital- 817-242-3600

⃝ Methodist Mansfield Medical Center: 2700 East Broad Street – Outpatient center 682-242-2000

⃝ Endoscopy Center at Redbird Square: 3107 W Camp Wisdom Rd Ste 189- 214-331-2922

**\*COVID pretesting is required 3 days prior to this procedure date for all Methodist locations.**

**Charlton patients call 214-947-6189 to schedule your covid pretest.**

**Mansfield patients call 682-242-2000 to schedule your covid pretest.**

**Midlothian patients a nurse will call you to schedule. {If needed their # is 469-846-6100}**

**THE DAY BEFORE YOUR PROCEDURE**:

1. Follow the clear liquid diet from the time you get up until midnight.

**FIRST DOSE**: Begin step 1 at **6:00 pm** the evening before your procedure.

* **Step 1:** Open one bottle of CLENPIQ. Drink it right from the bottle do not dilute.
* **Step 2:** Drink at least (five) 8 ounce cups of clear liquids using the cup provided over the next 5 hours. Note: you are still on clear liquids during this time.
* **Step 3:** Continue clear liquids until Midnight.

**SECOND DOSE:** Begin step 1 below at **\_\_\_\_\_\_\_ (6 hours prior to your arrival time)**.

* **Step 1:** Open 2nd bottle of CLENPIQ. Drink it right from the bottle do not dilute
* **Step 2:** Drink at least (four) 8 ounce cups of clear liquids using the cup provided over the next 2 hours.
* No more additional water or liquids. Just take the 2nd dose prep only.

1. You are NPO (nothing by mouth). This includes chewing gum, smoking and hard candies. If you fail this part, your procedure will be cancelled.
2. You will be sedated for this procedure so you must have someone drive you.

***NO uber/taxi/bus allowed***. If you do not have approved transportation your test will be cancelled.

1. Any additional instructions to follow will be added here for you to follow: \_\_\_\_\_\_\_\_\_\_

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Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_