**PLENVU COLONOSCOPY 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:** Pour One (1) pouch into the mixing container
* **Step 2:** ADD cool drinking water to the 16 ounce line on the container and mix.
* **Step 3:** Drink **ALL** the liquid in the container.
* **Step 4:** You must drink two (2) more 16 ounce line of water over the next 1 Hour.
* **You are still on clear liquids until midnight tonight.**

**SECOND DOSE:** Begin step 1 again at **\_\_\_\_\_\_\_ (6 hours prior to your arrival time)**. For this dose, you repeat **steps 1 through 4** using the second dose pouch included in your prescription. No more additional water or liquids. Just take the 2nd dose prep only.

1. Do not eat or drink anything after midnight. This includes chewing gum. **Only exception is the 2nd dose prep only.** If you eat, 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. If you are not clear by morning, please call the office 214-948-8856.

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