

INTEGRATED MEDICAL GROUP, P.C.  
GASTROENTEROLOGY / HEPATOLOGY  
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**INSTRUCTIONS FOR COLON PREPARATION**  
**PLENVU & 4 Stool Softeners**

PATIENT: Peters Test

DOB: 01/01/1946

DATE OF PROCEDURE: 00/00/0000

**FACILITIES:**

1. ☐ SCHUYLKILL ENDOSCOPY CENTER - SUITE 103 Evergreen Professional Suites Bld
2. ☐ LEHIGH VALLEY SCHUYLKILL EAST - East Norwegian St 2nd floor Out Patient Surgery

**BEFORE YOUR SCHEDULED PROCEDURE:**

1. Do not take **ASPIRIN** seven (7) days before the procedure (Ibuprofen, aleve, naproxen, excedrin, etc)
2. Hold **PLAVIX/CLOPIDOGREL AND BRILLINTA/TICAGRELOR** for five (5) days before the procedure
3. Stop **IRON/FERROUS SULFATE** five (5) days before the procedure (Check multivitamin for iron)
4. Hold **COUMADIN/WARFARIN, PRADAXA/DABIGATRAN, & XARELTO/RIVOROXABAN** two days prior to the procedure
5. Hold **ELIQUIS/APIXABAN** one (1) day prior to the procedure
6. Hold bedtime and morning **INSULIN**
7. If you take a **once weekly injection for diabetes or weight loss** it must be held seven (7) days before the procedure

**THE DAY BEFORE YOUR SCHEDULED PROCEDURE:**

1. Drink only clear liquids for breakfast, lunch and dinner. You cannot have any solid foods today. For your convenience, there is a clear liquid diet at the end of this sheet.
2. **At 4 PM - TAKE 4 STOOL SOFTENERS.**
3. **ALSO AT 4 PM** Mix packet labeled **DOSE ONE** into mixing container; fill to the line with water. Mix with spoon until dissolved. Drink entire contents of container over 30 minutes.
4. Rinse container and refill to line with a clear liquid and drink entire contents of container over **30 minutes.**
5. **At 8 PM - Mix Dose 2 (Pouch A & Pouch B)** into the container; fill to the line with water. Drink entire contents of container over **30 minutes.**
6. Rinse container and refill to line with a clear liquid and drink entire contents of container over **30 minutes.**
7. **DO NOT TAKE ANYTHING BY MOUTH AFTER 10 PM.**

**DAY OF THE PROCEDURE:**

1. **DO NOT EAT OR DRINK ANYTHING IN THE MORNING.**
2. TAKE ONLY MORNING BLOOD PRESSURE AND/OR SEIZURE MEDICATION **WITH A SIP OF WATER.**
3. DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST. **DO NOT REMOVE CONTINUOUS GLUCOSE MONITOR IF YOU WEAR ONE.**
4. DO NOT USE ANY MEDICAL OR RECREATIONAL MARIJUANA THE MORNING OF YOUR PROCEDURE.
5. **YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE**
6. YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.
7. SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.

If you have any questions, please call 570-622-5555 and ask for Tracey, Loren, Anja, Diane, Carol, or Amber.

\*\*\*\*\*IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED IS **NOT** YOUR SCHEDULED TIME. THESE SLOTS ARE THERE JUST TO SHOW THAT YOU ARE SCHEDULED FOR THAT SPECIFIC DAY. THE TIME WILL COME DIRECTLY FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. \*\*\*\*\*

Patient Signature: September 9, 2024

## CLEAR LIQUID DIET

### YOU MAY NOT EAT OR DRINK ANYTHING THAT IS NOT LISTED BELOW:

The following foods are permitted in unlimited amounts:

- LIQUIDS:** Clear consomme, bouillon and/or broth, tea, coffee, decaffeinated beverages, Postum, Kool Aid, carbonated beverages.
- JUICES:** Strained orange and grapefruit juice (only need to strain if it is freshly squeezed or has pulp in it), cranberry, apple and/or pineapple juice.
- OTHER ITEMS:** Flavored gelatin (Jello) **BUT NOT RED OR ORANGE JELLO**, sugar hard crystalline candy, honey, pure sugar candy, sherbet ices (**NOT ICE CREAM AND MUST BE WITHOUT NUTS, FRUITS OR PULP**)

## SAMPLE MENU

### BREAKFAST

Pineapple Juice  
Strained Orange Juice  
Consomme  
Gelatin  
Tea & Lemon (No pulp)

### LUNCH

Apple Juice  
Strained Grapefruit Juice  
Bouillon  
Jello  
Cola Beverage

### DINNER

Cranberry Juice  
Strained Orange Juice  
Broth  
Gelatin  
Coffee (without cream)