

3 P.M. – 6 P.M. **Stop clear liquid diet.** During this time period **DO NOT** eat or drink anything.

6 P.M. – 8:30 P.M. Start the **COLYTE** solution and drink one 8 ounce glass every 10 Minutes until finished no later than 8:45 P.M. RESERVE 4 CUPS OF THIS MIXTURE TO TAKE IN THE MORNING.

If you experience discomfort, nausea or bloating, stop drinking temporarily until the symptoms disappear, then resume drinking the rest of the mixture.

8:30 P.M. Resume clear liquid diet after drinking **COLYTE**.

12 MIDNIGHT **NOTHING TO EAT OR DRINK AFTER THIS TIME!**

DAY OF YOUR EXAM:

4-5 A.M. Drink the remaining 4 cups of the COLYTE solution reserved from the gallon mixture.

6:30 A.M. Medications such as high blood pressure pills and heart pills, as well as seizure medications **MAY** be taken with a SIP of water.

Oral diabetic medications may **NOT** be taken. If you take insulin injections, you May talk **HALF** a dose that morning. Please inform us so that we may adjust your

Dose or stop the medications altogether.

Please bring with you **any asthma inhalers** you currently use.

DATE OF APPOINTMENT _____

TIME OF APPOINTMENT _____

Please be sure to arrive at the hospital admission desk **45 minutes** Prior to your scheduled time of the test.

If you are unable to keep your appointment or wish to change the date, as a courtesy to other patients, we ask that you call (660) 263-2400 and inform us **THREE DAYS** in advance.

ENDOSCOPY CENTER: Your colonoscopy will be preformed at the Columbia Endoscopy Center, 208 Portland Street, Columbia, MO 65201 Phone: (573) 449-3500

QUESTIONS OR PROBLEMS: If you have questions or problems during office hours, please call (660) 263-2400 and **after office hours, please call (660) 263-8400 and have the operator page Dr. Anees.**

REMEMBER TO BRING YOUR INSURNACE CARDS AND PHOTO ID WITH YOU