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**COLONOSCOPY PREPARATION – MOVI PREP**

PATIENT NAME: \_\_\_\_\_ Chart #: \_\_\_\_\_

**APPOINTMENT LOCATION:**

\_\_\_\_ Carnegie Hill Endo: 1516 Lexington Avenue (98<sup>th</sup> Street) NY, NY 10029  
Phone:(212) 860-6300

**\*\* You must arrive 45 MINUTES prior to your appointment time to register\*\***

APPOINTMENT DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

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**PLEASE NOTE:**

- Do not take Aspirin one week before the procedure (Please check with your Primary doctor to confirm this).
- Do not take Iron products one week before the procedure.
- Avoid anti-inflammatory drugs (Advil, Motrin, Aleve, etc.) 1 day before the procedure.
- Please call us immediately if you are on Coumadin or Lovenox.
- Tylenol is ok to take up until the day before procedure.

Fill the prescription at the pharmacy: MoviPrep Kit

**DIET: NO SOLID FOODS ON THE DAY BEFORE YOUR EXAMINATION. YOU MAY TAKE THE FOLLOWING ALL DAY:**

Drink plenty of clear liquids- water, tea, coffee, broth; Jell-O, fruit juice and carbonated drinks are included. **DO NOT TAKE RED LIQUIDS.** Nothing should contain seeds or nuts.

**DRINK AT LEAST TWO (2) QUARTS OF THE ABOVE LIQUIDS ON THE DAY BEFORE COLONOSCOPY**

**DIRECTIONS FOR TAKING the Movi Prep:**

- At 4p.m. Empty one (1) pouch A and one (1) pouch B into the disposable container. Add lukewarm water to the top line of the container. Mix to dissolve. The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz) until the full liter is complete.
- At 9 p.m. Drink the second dose of MoviPrep.

*Note: Individual responses to laxatives do vary; this prep may cause multiple bowel movements. Often works within 30 minutes; may take as long as 4-6 hours. Please remain within easy reach of toilet facilities.*

**\*\*NOTHING BY MOUTH THREE (3) hours PRIOR THE PROCEDURE. NOT EVEN WATER\*\***

**You must have someone to accompany you to take you home after the procedure. Do not drive for 8 hours after the procedure.**

**IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE AND WE WILL BE HAPPY TO HELP YOU.**

X \_\_\_\_\_  
PATIENT SIGNATURE/ PLEASE RETURN THIS INSTRUCTION TO THE OFFICE ON YOUR APPOINTMENT DAY