

CLENPIQ

Your insurance company may require pre-authorization for this outpatient procedure.

Make sure the office has your current insurance information.

Please let your physician know if you are taking **ANY BLOODTHINNERS** or if you are **DIABETIC**.
If you are taking **Plavix, Pradaxa, Xarelto Eliquis, Coumadin, Warfarin or any other bloodthinner**
these medications will need to be stopped _____ days before your procedure.

NAME: _____ Date of Procedure: _____

TIME: Please arrive at the appropriate facility at: _____ AM/PM

_____ GA Endoscopy Center, 1429 N Mt Auburn Road

_____ St Francis Medical Center, 211 St Francis Drive, Entrance #4



YOU WILL BE SEDATED AND MUST BRING A DRIVER WITH YOU
OR YOUR PROCEDURE WILL **NOT** BE DONE



THE DAY PRIOR TO YOUR PROCEDURE: _____

- ✓ Drink at least 8 ounces of clear liquid every hour
- ✓ Drink only liquids for breakfast, lunch and dinner (see attached liquid diet sheet)
- ✓ **NO** solid foods, milk or dairy products!!!

*****DO NOT REFRIGERATE PREP*****

STEP 1: Beginning at _____

- Drink the entire contents of the 1st bottle of CLENPIQ right from the bottle
- Follow with FIVE (5) 8 ounce drinks of clear liquids, taken at your own pace, within the next 5 hours (using the cup provided)

STEP 2: Beginning at _____

- Drink the entire contents of the 2nd bottle of CLENPIQ right from the bottle
- Follow with THREE (3) 8 ounce drinks of clear liquids, taken at your own pace, within the next 3 hours (using the cup provided)

STEP 3: Beginning at _____

- Drink 1/2 bottle of MAGNESIUM CITRATE over the next 30-45 minutes
- Follow with two (2) 8 oz drinks, at your own pace, before the time listed below

YOU WILL NEED TO PURCHASE THIS SEPARATELY OVER THE COUNTER

Tips:
-Refrigerate
-Drink through a
straw

**Do not drink anything after _____ until your
procedure is completed.**

Please call (573) 334-8870 if you have any questions