

PLENVU

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!!!

STEP 1: ➤ First thing in the morning, fill provided container with 16 oz of WATER (to the fill line)
➤ Add **DOSE 1 PACKET** to water and mix to dissolve and place solution in the refrigerator

STEP 2: Beginning at _____
➤ Drink the entire contents of PLENVU solution (that you mixed in STEP 1) **OVER THE NEXT HOUR**
➤ Follow with four (4) 8 ounce containers of clear liquids, taken at your own pace, within the next 5 hours

STEP 3: ➤ IMMEDIATELY AFTER CONSUMING SOLUTION IN STEP 2, fill provided container with 16 oz of WATER (to the fill line)
➤ Add **DOSE 2 POUCH A** AND **DOSE 2 POUCH B** to water and mix to dissolve, refrigerate

STEP 4: Beginning at _____
➤ Drink the entire contents of PLENVU solution (that you mixed in STEP 3) **OVER THE NEXT HOUR**
➤ Follow with four (4) 8 ounce containers of clear liquids, taken at your own pace, before beginning step 5

STEP 5: Beginning at _____
➤ Drink 1 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