

### Medical Clinic of Houston, L.L.P.

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#### "GATORADE & MIRALAX" Bowel Prep

## You need to buy the following. (No prescriptions are needed. Ask your pharmacist for assistance):

- One 64 oz. or two 32 oz. bottles of Gatorade, Propel, Crystal Lite or other non-carbonated clear liquid drink (no red or purple colors). If you have diabetes, you may use sugar-free Gatorade.
- 2. Six Dulcolax laxative tablets (5 mg each; not suppository or stool softener). Generic name: Bisacodyl.
- 3. Miralax 238 grams (8.3 ounces) powder or generic polyethylene glycol 3350 powder (you can find these in the laxative section).
- 4. One bottle of Infants' Mylicon Liquid (or generic equivalent): Ask pharmacist for substitute if this brand is not available.

#### On the day before the colonoscopy:

- On the morning before your colonoscopy, mix the 8.3 oz. of Miralax with the 64 oz. of Gatorade (or other non-carbonated clear liquid that you chose) and 3 milliliters (cc) of the Mylicon drops. Stir or shake the contents until the Miralax is completely dissolved. Chill if desired.
- 2. At 4:00 pm on the evening before your procedure, take 3 tablets of Dulcolax laxative pills (15 mg total) with water.
- 3. At 6:00 pm on the evening before your procedure, drink the first half of the Miralax + Gatorade solution.
- At 6 to 7 hours before your appointment time (on the day of the colonoscopy), take 3 tablets of Dulcolax laxative pills (15 mg total). Then drink the second half of the Miralax + Gatorade solution.

MCH- 145-004- Gatorade and Miralax- April 2022



Witness name/signature

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# Policy for late cancellations and "no-show" patients for Gastroenterology procedures

When we schedule your gastroenterology procedure, we are reserving the physician's time, staff time, anesthesiologist's time, and a procedure room for you and your particular medical needs. If you cancel at the last minute or do not appear for your scheduled procedure, we generally cannot use this time to provide care for another patient.

Effective November 15, 2022, we will charge a \$100 fee if you cancel your procedure with notice of less than three business days (72 hours) or if you do not appear for your procedure. We will ask that this fee be paid prior to scheduling any future appointments or procedures with a MCH gastroenterologist. This fee will not be covered by your insurance and will be due from you directly.

It is not our intent to be punitive but, instead, to ensure that (a) you are not compromising your care, and (b) we are able to care for all of the patients who need our care. If we know in advance that there is an opening, we can fill that appointment slot with another patient who has a medical need.

We appreciate your understanding. Thank you, John T. Dugan, M.D. David S. Wolf/M.D. M. Behzad Zafar, M.D. By signing below, you acknowledge that you have received and understand this policy Patient signature Date Printed name For office use only: Attestation that this information was relayed orally to the patient and that the patient expresesed understanding. MCH account # Patient name and DOB Staff member signature Date

Date