

## **MOVI PREP**

### **2 DAYS PRIOR**

Please avoid fruits with seeds and vegetables. For example: beans, corn, zucchini, squash, broccoli, and celery.

### **DAY BEFORE TEST**

**In the AM day before test**, mix the MoviPrep solution and refrigerate

- Empty 1 pouch A and 1 pouch B into the container with lukewarm water. Cap bottle mix until dissolved.

**Start a clear liquid diet after a light breakfast such as eggs and toast the day before your exam (DO NOT CONSUME ANY DAIRY PRODUCTS, SEEDS, NUTS, OR GRANOLA).**

#### **Clear Liquids Diet List**

Soft drinks (orange, ginger ale, cola, sprite, 7up, Gatorade, Kool Aid avoid red colors)

Strained fruit juices, NO PULP

Water, tea, coffee (no milk or non-dairy creamer, you may use sugar or honey)

Low sodium chicken or beef bouillon or broth

Hard candies, Jell-O or Popsicle's (avoid red colors), lemon and coconut sorbet, Italian ice (lemon)

**At 5:30 pm the day before test:**

Drink MoviPrep solution you prepared earlier

The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8oz), until the full liter is complete. (Approximately 1 hour)

Continue to drink clear liquids until bedtime.

**8:00 pm the day before test**, mix the 2<sup>nd</sup> dose of MoviPrep and refrigerate.

### **AT 11 pm the night before test or 8 hours prior to your scheduled colonoscopy time.**

Begin drinking the solution for a second time.

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. (Approximately 1 hour)

### **Day of Test**

**Do not eat or drink anything until after your test; take your regular medications with a sip of water.**

**Appointment Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**\*\*NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO  
PROCEDURE\*\* (THIS INCLUDES WATER & PREP SOLUTION)**

**YOU MUST HAVE SOMEONE DRIVE YOU HOME FROM PROCEDURE!**

**\*\*There is a \$200 fee if a 3-business day is not provided when rescheduling or canceling  
procedures\*\***

**(This is not payable by your insurance)**