

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Preparation Instructions for Your Upcoming Colonoscopy

Dear [Patient Name],

This letter is a reminder of your upcoming colonoscopy scheduled for:

Date: [Procedure Date]

Arrival Time: [Arrival Time]

Location: [Facility Name/Address]

To ensure a successful procedure, please follow these critical preparation steps:

- **Seven Days Before:** Stop taking iron supplements and fiber supplements. Review any blood-thinning medications with your doctor.
- **One Day Before:** You must follow a **clear liquid diet** all day. Do not eat any solid food. Avoid liquids that are red, blue, or purple.
- **The Prep Solution:** Begin drinking your prescribed bowel preparation solution at [Start Time] as instructed by the pharmacy/clinic.
- **Day of Procedure:** Do not eat or drink anything (including water) starting [Number] hours before your arrival time.

Transportation: Because you will receive sedation, you **must** have a responsible adult driver to take you home. You will not be allowed to take a taxi or rideshare (Uber/Lyft) alone.

Failure to follow the preparation instructions may result in the cancellation of your procedure.

If you have any questions or need to reschedule, please call our office at [Phone Number].

Sincerely,

[Doctor/Clinic Name]

[Contact Information]