Date: [Insert Date]

To: [Patient Name]
Date of Birth: [Patient Date of Birth]
Procedure Date: [Insert Date of Procedure]

Subject: Instructions for Colonoscopy Bowel Preparation Medication

Dear [Patient Name],

To ensure a successful and clear colonoscopy, it is essential that your bowel is completely empty. Please follow these instructions regarding your bowel preparation medication.

Medication Prescribed: [Insert Name of Prep Medication, e.g., Miralax, Moviprep, Suprep]

Pick-up Instructions:
Please pick up your prescription from your pharmacy at least [Number] days before your procedure.

Preparation Schedule:

- **[Number] Days Before Procedure:** Stop eating high-fiber foods, seeds, and nuts.
- **The Day Before Procedure:** Consume clear liquids only. Do not eat solid food.
- **[Time] on the Day Before:** Mix and drink the first dose of the preparation as directed on the package.
- **[Time] [Day of or Night Before]:** Drink the second dose of the preparation.

Clear Liquid Diet Includes:
Water, clear broth, black coffee or tea (no milk), ginger ale, apple juice, and gelatin. **Avoid anything with red or purple coloring.**

Important Notes:

- You must finish the entire prep solution even if your movements are already clear.
- Stay near a bathroom once you begin taking the medication.
- If you experience severe nausea or vomiting, wait 30 minutes and resume drinking the solution slowly.

If you have any questions, please contact our office at [Insert Phone Number].

Sincerely,

[Physician Name]
[Clinic Name]