

INTEGRATED MEDICAL GROUP, P.C.  
GASTROENTEROLOGY / HEPATOLOGY  
48 TUNNEL ROAD, SUITE 104, POTTSVILLE, PA 17901  
(570) 622-5555 FAX (570) 622-6047

AMRIT P. NARULA, M.D.  
ROBERT C. ALLISON, PA-C  
MONICA BENULIS, C.R.N.P.  
HEIDI STERTZEL, PA-C  
KIMBERLY KALOVCAK, PA-C

**YOU WILL BE CALLED THE DAY BEFORE YOUR PROCEDURE WITH YOUR ARRIVAL TIME**

**FACILITIES:**

1. ☐ SCHUYLKILL ENDOSCOPY CENTER - SUITE 103 Evergreen Professional Suites Bld
2. ☐ LEHIGH VALLEY SCHUYLKILL EAST - East Norwegian St 2nd floor Out Patient Surgery

**YOUR PRESCRIPTION WILL BE ELECTRONICALLY SENT TO YOUR PHARMACY FOR YOUR BOWEL PREP KIT.**  
**YOU WILL FOLLOW THIS PREPARATION, NOT WHAT IS LISTED ON THE PACKAGE YOU PICK UP AT THE PHARMACY.**

**CLENPIQ PREP**

**BEFORE YOUR SCHEDULED PROCEDURE:**

1. Do not take **ASPIRIN** seven (7) days before the procedure (Ibuprofen, aleve, naproxen, excedrin, etc).
2. Hold **PLAVIX AND BRILLINTA** for five (5) days before the procedure.
3. Stop **IRON** five (5) days before the procedure (Check multivitamin for iron).
4. Stop **JARDIANCE** three (3) days before procedure.
5. Hold **COUMADIN, PRADAXA, and XARELTO** two (2) days prior to the procedure.
6. Hold **ELIQUIS** one (1) day prior to the procedure.
7. Hold bedtime and morning **INSULIN**.
8. Stop **Ozempic** the week before the procedure.

**DAY PRIOR TO PROCEDURE:**

1. Drink only clear liquids. **YOU CAN NOT HAVE ANY SOLID FOOD.** See following sheet for clear liquid examples
2. **At 4 pm** drink one bottle of CLENPIQ directly from the bottle.
3. Follow with **(5) 8-ounce** drinks consisting of clear liquids, taken at your own pace within **two hours**.
4. **At 8 pm** drink second bottle of CLENPIQ directly from the bottle
5. Follow with **(4) 8-ounce** cups consisting of clear liquids, taken at your own pace within **two hours**.
6. **DO NOT TAKE ANYTHING AFTER 10 PM.**

**DAY OF THE PROCEDURE:**

1. **DO NOT EAT OR DRINK ANYTHING IN THE MORNING.**
2. **TAKE ONLY NECESSARY MEDICATIONS (HEART or BLOOD PRESSURE) WITH A SIP OF WATER.**
3. **DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST**
4. **DO NOT USE ANY MEDICAL OR RECREATIONAL MARIJUANA THE MORNING OF YOUR PROCEDURE**
5. **YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE**
6. **YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.**
7. **SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.**

**If you have any questions, please call 570-622-5555 and ask for Tracey, Loren, Anja, Diane, Carol, or Amber.**

**\*\*\*\*\*IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED IS NOT YOUR SCHEDULED TIME. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SHOW YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.\*\*\*\*\***

## CLEAR LIQUID DIET

### YOU MAY NOT EAT OR DRINK ANYTHING THAT IS NOT LISTED BELOW:

**\*\*\*AVOID ALL RED, AND PURPLE COLORED LIQUIDS/JELLO**

**The following foods are permitted in unlimited amounts:**

- LIQUIDS:** Clear consomme, bouillon and/or broth, tea, coffee, gatorade, decaffeinated beverages, Postum, carbonated beverages.
- JUICES:** Strained orange and grapefruit juice (only need to strain if it is freshly squeezed or has pulp in it), cranberry, apple and/or pineapple juice.
- OTHER ITEMS:** Flavored gelatin (Jello) **NO RED, ORANGE, BLUE AND PURPLE**, sugar hard crystalline candy, honey, pure sugar candy, Italian ice

### SAMPLE MENU

#### BREAKFAST

Pineapple Juice  
Strained Orange Juice  
Consomme  
Gelatin  
Tea & Lemon (No pulp)

#### LUNCH

Apple Juice  
Strained Grapefruit Juice  
Bouillon  
Jello  
Cola Beverage

#### DINNER

White Cranberry Juice  
Strained Orange Juice  
Broth  
Gelatin  
Coffee (without cream)