

Colonoscopy Prep Instructions

(with magnesium citrate)

Please read all instructions 5 days before exam.

Start prep **3 days** before exam

Start date: _____

Finish date: _____

- You can buy bottles of Magnesium Citrate over-the-counter at any pharmacy.
- If you are taking aspirin or aspirin-containing medicines, call your doctor before starting the prep.
- Magnesium Citrate is a laxative. This prep may start working in 30 minutes and may last for several hours. Stay close to a bathroom.

Only take the amount of magnesium citrate stated on the instructions.

Taking more than this amount can cause serious side effects.

Correct dose of Magnesium Citrate circled below.

Magnesium Citrate dosage

Magnesium citrate dose is 1 oz. per year of age (of child) to a maximum of 10 oz. for age 10 and above.

Age	1	2	3	4	5
Dose	1 oz.	2 oz.	3 oz.	4 oz.	5 oz.

Age	6	7	8	9	10
Dose	6 oz.	7 oz.	8 oz.	9 oz.	10 oz.

Age 11 and older: dose is 10 oz.

When to take Magnesium Citrate

Take _____ ounces of Magnesium citrate at 4:00 pm each day on these dates:

1. _____
2. _____
3. _____

After each dose drink 1 glass from the listed clear liquids. Drinking these liquids is very important.

Day before your exam: _____
ALL DAY

- You can only have **CLEAR LIQUIDS**.
- **NO** Solid foods, milk or milk products.

Clear Liquids (no red or purple color)

- 7-UP®
- Clear broth or bouillon
- Coffee or tea ...no milk or cream
- Gatorade®
- Gingerale
- Iced popsicles ...no red or purple
- Jell-O® ... no fruits or toppings
- Kool-Aid® ...no red or purple
- Strained fruit juices without pulp. (only apple, white grape, lemonade)
- Water

Important: If you cannot finish the prep please call our office:

Gastroenterology Clinic
750 8th Avenue #200
Fort Worth, TX 76104
Phone: **682-885-1990**

These instructions are only general guidelines. Your doctors may give you special instructions. If you have any questions or concerns, please call your doctor.

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I have a copy of these home instructions, know what I need to do, and understand why they are important.

Parent/Legal Guardian's Signature

Date

Healthcare Provider's Signature



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