



## Capsule Endoscopy Preparation

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### THE NIGHT BEFORE YOUR CAPSULE ENDOSCOPY:

- No solid food allowed after 5pm.
- You may have clear liquids until midnight the night before your test.
- Nothing by mouth starting at midnight the night before your procedure including gum and hard candy.

### CLEAR LIQUIDS – EXAMPLES:

**Please NOTHING red, purple, or with pulp**

**Drinks** – Gatorade, Powerade, Sports drinks are encouraged for their electrolytes  
Black coffee or tea, plain with **NO cream or milk**. Any flavor soda or soft drink

Any flavor clear juice such as white grape juice or apple juice

**Desserts** – Gelatin, Jell-O, Slurpee, and popsicles.

**NO red or purple, NO sherbets, NO smoothies**

**Soups** **YOU CANNOT HAVE BROTH OF ANY KIND**

**Sweets** – Hard candy such as mints, lifesavers, and gum

### FUTHER INSTRUCTIONS:

- At 6:00pm the night before your procedure, drink one (1) bottle of magnesium citrate.



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### Date and Time of Your Procedure

\_\_\_\_\_

### Arrival Time to Procedure Location

\_\_\_\_\_

### Location of Procedure:

- Sentara Obici Outpatient Surgery Center**  
*2800 Godwin Blvd, Suffolk, VA 23434*  
Second floor of main hospital building

### Procedure Cancellation and No-Show Policy

Our office must be notified of all procedure cancellations prior to 48 hours of the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment is subject to a **\$100 no show fee**. To cancel a procedure, please call our office at 757-942-2566.

**By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by \_\_\_\_\_ on \_\_\_\_\_.**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_