



Medical Clinic of Houston, L.L.P.

Martin R. White, M.D., Managing Partner
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1701 Sunset Boulevard
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Phone (713) 526-5511
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www.mchllp.com

Gatorade & Miralax Bowel Prep

Over the counter items to purchase: **Please ask your pharmacist if you need assistance locating the following items**

- 1) One 64 oz or two 32 oz bottles of Gatorade, Propel, Crystal Lite or other noncarbonated clear liquid drink (no purple or red colors). If you are a diabetic you may use the low sugar Gatorade (G2).
- 2) Six Duclolax laxative tablets (not suppository or stool softener).
- 3) Miralax 238 grams (8.3 oz) powder or generic polyethylene glycol 3350 powder (you will find these in the laxative section).
- 4) One bottle of Infant Mylicon liquid (you may also use the generic brand).

One the day before your colonoscopy:

- 1) On the morning prior to your procedure mix the 8.3 oz of Miralax with the 64 oz noncarbonated clear liquid you chose and 3 ml (cc) of the Mylicon drops. Stir/shake well the contents until the Miralax is completely dissolved. Chill if desired.
- 2) At 4 pm the afternoon before your procedure take (3) tablets of Dulcolax laxative pills with water.
- 3) At 6 pm the evening before your procedure drink half of the Miralax/Gatorade solution.
- 4) 6 hours prior to your procedure drink the second half of the solution, and take (3) Dulcolax tablets.



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Policy for late cancellations and “no-show” patients for Gastroenterology procedures

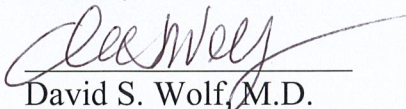
When we schedule your gastroenterology procedure, we are reserving the physician’s time, staff time, anesthesiologist’s time, and a procedure room for you and your particular medical needs. If you cancel at the last minute or do not appear for your scheduled procedure, we generally cannot use this time to provide care for another patient.

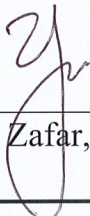
Effective November 15, 2022, we will charge a \$100 fee if you cancel your procedure with notice of less than three business days (72 hours) or if you do not appear for your procedure. We will ask that this fee be paid prior to scheduling any future appointments or procedures with a MCH gastroenterologist. This fee will not be covered by your insurance and will be due from you directly.

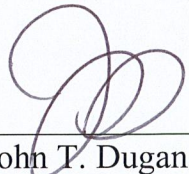
It is not our intent to be punitive but, instead, to ensure that (a) you are not compromising your care, and (b) we are able to care for all of the patients who need our care. If we know in advance that there is an opening, we can fill that appointment slot with another patient who has a medical need.

We appreciate your understanding.

Thank you,


David S. Wolf, M.D.


M. Behzad Zafar, M.D.


John T. Dugan, M.D.

By signing below, you acknowledge that you have received and understand this policy

Patient signature

Date

Printed name

For office use only:

Attestation that this information was relayed orally to the patient and that the patient expressed understanding.

Patient name and DOB

MCH account #

Staff member signature

Date

Witness name/signature

Date