



Clear Liquid Diet Instructions

Patient Name: _____

Your clear liquid diet will start **THE DAY BEFORE** your procedure, beginning when you wake up on: _____

Clear Liquid Diet Examples:

Apple juice
Lemonade
Water
Gatorade
Clear broth or bouillon
Clear soda (Sprite, 7Up, Ginger Ale)
Green or yellow Jell-o
Popsicles
Coffee or tea WITHOUT creamer

- **NO RED OR PURPLE COLORED LIQUIDS**
- **NO MILK PRODUCTS INCLUDING ALMOND, SOY, COCONUT ETC.**
- **NO NUTS, SEEDS OR CORN BEGINNING 3 DAYS PRIOR TO PROCEDURE**

Blood thinners (Aspirin, Advil, Motrin, Ibuprofen, Naproxen, Celecoxib) **and Iron Supplements need to be stopped 5 days prior to procedure**

Diabetic Patients: On prep day, please take 1/2 of your scheduled dose. Insulin dependent patients, please hold the day of procedure

Phentermine must be stopped one week prior to procedure

Cancellation of any procedure needs to be done 48 HOURS or more in advance. There is a \$100 cancellation fee for any procedure no-show, cancelling less than 48 hours before your procedure, or consuming food during prep and/or day of procedure. Cancellations greater than two times require a office consultation in order to reschedule

I understand that my procedure is scheduled for _____ and that if I show up on an incorrect day/time that my procedure may not be performed.

I, _____ have read and understand the above instructions for my procedure. I understand that I will be held responsible for any cancellation/fees if I do not follow these instructions.

Your insurance will be verified for any non-preventative procedure. If you have a deductible that has not been met, you will be responsible to pay your portion prior to your procedure.