



Dear _____,

Your Small Bowel Video Capsule Study has been scheduled on

_____ at _____.

Please register at the front desk by _____.

Please follow the below instructions for the best possible results from this test.

If you need further assistance, please call 612-871-1145.

One week prior to test	Day before test	Day of test	Following ingestion of capsule
<p>√ Stop iron containing supplements or iron prescription medication</p>	<p><u>At Noon: Begin Clear Liquid Diet</u></p> <p>Water, clear broth or bouillon, coffee or tea (without milk or non-dairy creamer), Gatorade, Pedialyte, carbonated & non-carbonated soft drinks, Kool-Aid or other fruit-flavored drinks, strained fruit juices (no pulp), Jell-O, popsicles and hard candy.</p> <p><u>*No red or purple liquids</u></p> <hr/> <p>√ <u>10 Hours before exam: Nothing by mouth</u></p> <p>Evening medication can be taken with sips of clear liquid.</p>	<p>√ Do not take your any morning medications. Our staff will discuss your medication schedule with you when you arrive.</p> <p>√ Wear loose fitting clothing. We will be placing electrodes on your abdomen. For your comfort, we recommend wearing loose fitting clothing.</p> <p>Male patients: Please shave upper abdomen to pelvic line.</p>	<p>√ If you do not see the capsule pass in 14 days please call our office.</p>