

PREP FOR AGILE PATENCY CAPSULE

During week prior to test

1. Make note of the frequency of your bowel movements. Once a day, once every two days, once every three or more days?
2. Make note of any irregularity in your bowels
3. Prepare a list of all medication you are currently taking
4. After lunch on the DAY BEFORE YOUR SCHEDULED APPOINTMENT, START A CLEAR LIQUID DIET.
5. After 10 p.m. do not eat or drink except for taking necessary medication with a sip of water.

Day of your test _____

Stop taking all medications 2 hours prior to your appointment time.

After swallowing capsule

1. Do not eat or drink for two hours after swallowing capsule
2. Four hours after swallowing capsule you may have a light snack
3. At your next meal, follow your normal diet
4. During the test, record the frequency of your daily bowel movements on the back of the page.
- 5. If you suffer from any abdominal pain, nausea or vomiting during your test contact us at 764-0679 during normal business hours; otherwise go to your local ER.**
6. During your test and until the capsule leaves your body, avoid MRI devices
7. You will need to have an x-ray of your abdominal at the hospital between the hours of _____ and _____ tomorrow.
8. You are scheduled for an office visit here on _____ at _____ to go over the results of this test.

Bring this back with you to your scheduled office visit.

Days after Ingestion	Date	Number of Bowel Movements		
0		1	2	more than 2
1		1	2	more than 2
2		1	2	more than
3		1	2	more than 2
4		1	2	more than 2