Gifford Medical Center

Patient Name: ____________________________

D.O.B.: _________________________________

Date of Visit: ______/_______/_______

MR #: __________________________________

Pre-Procedure Dietary Restrictions

Patients may have 8 ounces of clear liquids up to 2 hours before your scheduled procedure. You may take your medications with a sip of water.

Allowed Clear Liquids

Water
Gingerale
Sprite
7-UP
Sierra Mist
Apple Juice
Black tea

Jello (w/o fruit)
Cranberry Juice
Gatorade
Powerade
Clear Popsicles
Black coffee

COFFEE
Black or sweetened only

These are the guidelines for infants and toddlers:

AGE	Breast Milk	Non-Human Milk Infant Formula	CLEAR LIQUIDS
<6 months	4 hours	6 hours	2 hours
6 months to 36 months	6 hours	6 hours	2 hours
>36 months	6 hours	6 hours	2 hours