

Take Control of Your Constipation

My Action Plan



Date: _____

My name: _____

My doctor: _____

Simple changes to help support a healthy digestive system



Establish a routine

- Schedule daily activities
- Go to the bathroom at the same time every day



Maintain a well-balanced diet

- Increase your daily fluid intake to stay hydrated
- Eat high-fiber foods



Manage stress

- Take time for yourself while at home or work
- Consider practicing yoga or meditation

My doctor recommends that I...

Take _____ dose(s) of _____, _____ time(s) per day for _____ days/weeks (circle one)

Additional comments:



Experience the difference with MiraLAX®!
The **#1** recommended laxative by
doctors, pharmacists, and GIs

