

Your preparation instructions for your Colonoscopy using: **SUPREP**

Location: The Center for Digestive Endoscopy 1817 N. Mills Ave. Orlando FL. 32803

Phone: 407-896-1726

Date: _____ Time: _____ Please arrive
at: _____

IMPORTANT INFORMATION:

1. If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa. Call our office for instructions on the possibility of stopping the medicine.
2. If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
3. **If you are SICK, have ANY cold symptoms, taking ANTIBIOTICS, pending Stress or Heart Test or have any major changes in your medical history – Please Call Our Office Immediately For Instruction**
4. If you are taking any diet pills, stimulants and/or appetite suppressants: **STOP** two (2) weeks prior to procedure to avoid possible cardiac complications.
5. Avoid using un-prescribed recreational/street drug(s) including marijuana 24 hours prior to the procedure.
6. (5) days before your procedure – STOP any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine
7. **Fill your prescription for SUPREP**, at least (5) days prior to your test.

DAY BEFORE YOUR PROCEDURE:

1. DO NOT take any **ORAL** Diabetic medication on the day of your prep or the day of your procedure.
For INSULIN dependent patients – please call the doctor that controls your diabetes for instructions.
2. Start a Clear liquid diet upon awakening. **Must drink CLEAR LIQUIDS ONLY throughout the day to avoid dehydration. NO SOLID FOOD!**
3. Daily medications may be continued, unless otherwise specified.
4. **AT 2:00PM** - Pour 1 (6oz) bottle of **SUPREP** into the plastic mixing container provided in your kit.
 - STEP 1: Add cool drinking water to the 16oz line on the container and mix
 - **NOTE: BE SURE TO DILUTE SUPREP BEFORE YOU DRINK.
 - STEP 2: drink all the liquid in the container
 - STEP 3: you must drink two (2) more 16oz containers of water over the next hour.
5. **AT 7:00PM** - Pour 1 (6oz) bottle of **SUPREP** into the plastic mixing container provided in your kit
 - REPEAT the steps 1, 2 AND 3 as above in #4
6. Continue drinking clear liquids during the course of the evening.
7. **NOTHING BY MOUTH FOUR (4) HOURS BEFORE YOUR PROCEDURE TIME**

****PLEASE BE AWARE THAT YOU MUST HAVE 3 CONSECUTIVE, CLEAR OR YELLOW BOWEL MOVEMENTS WITH NO SOLID MATERIAL AFTER PREP HAS BEEN COMPLETED. ****

CLEAR LIQUIDS INCLUDE: **NO RED/PURPLE COLORS, NO MILK OR MILK PRODUCTS OR ALCOHOL**

- Broths (no crackers or noodles)
- Water, coffee and Tea (Sugar is ok)
- Ensure Clear or Pedialyte
- Clear fruit juices (Apple, White Grape)
 - Soda, Gatorade, Popsicles, Jell-O, Sorbet and/or frozen ice

DAY OF PROCEDURE:

1. **NOTHING BY MOUTH** – this includes Water. **DO NOT** chew anything (including gum),
2. DO NOT use breath spray or eat candy or mints the morning of your procedure.
3. You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **3 hours prior to arriving, with a small sip of water.**
4. You **MUST** have a responsible adult (over the age of 18) who will remain with you in the center and take you home
5. Items NOT allowed for your procedure: jewelry, cell phones and watches. Also, please do not wear heels or

wedges.

****FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee will apply) ****

WE REQUIRE A 48 HOUR NOTICE FOR ANY CANCELLATIONS TO AVOID A \$100 CHARGE

FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service.

Please call our billing department for further assistance at 407.896.1726, prior to the procedure date.

Patient Signature: _____

Date:
