Colonoscopy with Suprep	Name:	DOB:
controlly man captop		at:
		Arrival time:
STARTING 5 DAYS BEFORE YOUR I	PROCEDURE:	
STOP taking iron, fish oil or vit	amin E supplements	STOP eating seeds, nuts, popcorn
	OK to take regular medication	ns
Make sure you have picl	ked up your prep and Milk of M	agnesia from the pharmacy.
TWO DAYS BEFORE YOUR PROCEI	OURE:	
If you have any issues with constipat	ion, take 30 ml of Milk of Magr	esia before you go to bed.
THE DAY BEFORE YOUR PROCEDU	RE:	
Clear liquid diet ALL day for breakfas Sprite, Gatorade (not red, blue or pur coffee (no milk or cream) & tea. NO S	ple) , chicken broth, Jello or po	psicles (not red, blue or purple), black
4:00 pm:		
Pour one 6-ounce bottle of Suprep liquine on the container and mix. Drink	-	r. Add cool drinking water to the 16-once niner within 1 hour.
You must drink two (2) more	16-ounce containers of water of	or clear liquid over the next 1 hour.
Diarrhea usually starts between 1 but then should stop.	and 3 hours after starting to di	rink the fluid, and may last up to 3 hours
*If you have not started i	having liquid stool by 8:00 pm, ta	ke 30 ml of Milk of Magnesia
THE MORNING OF PROCEDURE:		
5 hours before your procedure time:_	(8 hours before if you	are having a double procedure)
line on the container and mix. Drink	ALL of the solution in the conta	Add cool drinking water to the 16-ounce niner, as well as two more 16-ounce finish drinking everything 3 hours before
Do not skip this dose of your bowel prep	o, even if you are running clear w	hen you go to the bathroom. The second

dose of prep washes away the bile that your body produces overnight. Your procedure may be cancelled or aborted if you do not do the second half of your prep.

THREE HOURS BEFORE YOUR PROCEDURE, YOU MUST STOP DRINKING ALL FLUIDS, EVEN WATER.

(IF YOU ARE HAVING A DOUBLE PROCEDURE, YOU MUST STOP ALL FLUIDS SIX HOURS BEFORE)

See reverse side for additional instructions.

SPECIAL INSTRUCTIONS: Nausea-if you have been prescribed Zofran (ondansetron) to prevent nausea, place 1 tablet under tongue 30 minutes before each dose of your prep. Allow yourself extra time to drink prep slowly. High Blood Pressure-if you usually take your blood pressure medication in the morning, please take it the morning of your procedure with a small sip of water no later than three hours prior to your procedure. If your blood pressure is too high when you come in, your procedure may be cancelled. Obligation Diabetics Diabe monitor your blood sugar carefully throughout your prep. Do not take insulin the morning of your procedure but bring it with you to your appointment. Contact your endocrinologist for specific advice on how to safely do your bowel prep. On prescription blood thinners-your provider may have recommended that you hold your blood thinner for your procedure. Our office will contact the prescribing physician for approval. If you have not heard from us within a week of your procedure for instructions, call our office. History of a failed or incomplete bowel prep-7 days prior to your procedure take one dose (17 g or 1 capful) of Miralax every evening for 5 days. Then follow the regular prep instructions. On prescription weight loss medications-certain prescription weight loss medications are unsafe to take when you are having anesthesia. Please contact the physician who prescribes these for you for instructions about tapering. If you are on any medication containing phentermine, you must be off of it for at least 7 days before you have anesthesia. If you have questions about your prep, call______ 434-817-8484 ext: IMPORTANT TRANSPORTATION NOTE Patients cannot drive a vehicle for the remainder of the day after having sedation. Please be sure to bring a responsible adult with you to drive home after your procedure. PROCEDURE CANCELLATION, LATE ARRIVAL AND NO-SHOW POLICY Our office must be notified of all procedure cancellations at least two days prior to your appointment. Failure to do so will be subject to a \$100 no-show fee. You must arrive at least 30 minutes prior to your procedure time, late arrivals are not guaranteed to have their procedure. By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were

Signature:

reviewed with me.

Patient Name: