



Procedure Date: _____ Doctor: _____

Procedure Time: _____ Check-In Time: _____

COLONOSCOPY PREP INSTRUCTIONS (SUTAB VERSION)

1 Week Prior	1 Day Prior	Day of Procedure
<ul style="list-style-type: none"> Purchase prep kit from your pharmacy <ul style="list-style-type: none"> Rx was called into pharmacy Rx attached to paperwork <u>*LAST CHANCE TO CANCEL YOUR PROCEDURE! PLEASE CALL THE OFFICE TO CANCEL/RESCHEDULE</u> 	<p><u>**Begin clear liquid diet**</u></p> <ul style="list-style-type: none"> NO SOLID FOODS Nothing containing any red or purple food dye Nothing containing any milk or milk products No smoothies or pureed foods No alcohol <p style="text-align: center;">Approved foods</p> <ul style="list-style-type: none"> Clear fruit juices Broth or bouillon Soda, black coffee, or tea Boost or Ensure (any flavor) Kool-Aid or Gatorade (no yellow, orange, red or purple) Plain Jell-O 	<p>*5.5 hours to procedure start time:</p> <ul style="list-style-type: none"> Take your heart and blood pressure medications as prescribed with small sips of water as early as possible Open 1 bottle of 12 tablets Fill the provided container with 16 ounces of water. Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately 1 hour after the last tablet is swallowed, fill the provided container a second time with 16 ounces of water and drink the entire amount over 30 minutes Approximately 30 minutes after finishing the second container or water, fill the provided container with 16 ounces of water and drink the entire amount over 30 minutes Bring your paperwork filled out along with your Government Issued Photo ID or Driver's License and your insurance cards Please leave all valuables at home. We are not liable for any theft or damage to these items
<p>***ONLY DISCONTINUE ANY ASPIRIN OR BLOOD THINNERS AFTER OBTAINING APPROVAL FROM OUR OFFICE***</p> <ul style="list-style-type: none"> Discontinue aspirin products/platelet inhibitors 5 days prior to your procedure (i.e., Plavix, Coumadin/Warfarin, Aspirin, etc.) Discontinue any arthritic medications 2 days prior to your procedure Discontinue any anticoagulants 2 days prior to your procedure (i.e., Xarelto, Mobic, Pradaxa, etc.) <p>***IF YOU HAVEN'T GOTTEN APPROVAL FROM OUR OFFICE ABOUT STOPPING YOUR BLOOD THINNER/ASPIRIN, CALL US ASAP!***</p>	<p style="text-align: center;"><u>**Between 4-6pm**</u></p> <ul style="list-style-type: none"> Open 1 bottle of 12 tablets Fill the provided container with 16 ounces of water. Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately 1 hour after the last tablet is swallowed, fill the provided container a second time with 16 ounces of water and drink the entire amount over 30 minutes Approximately 30 minutes after finishing the second container or water, fill the provided container with 16 ounces of water and drink the entire amount over 30 minutes 	<p style="text-align: center;">* THERE ARE ABSOLUTELY NO LIQUIDS, INCLUDING WATER, AFTER:</p> <p style="text-align: center;">_____</p> <p><u>*IF YOU EAT/DRINK AFTER THIS TIME, YOUR PROCEDURE WILL BE DELAYED OR CANCELLED</u></p>
<ul style="list-style-type: none"> Continue to take your heart and blood pressure, or other required medications, as prescribed You may continue your Prilosec, Zantac, Protonix, Nexium, or other GI medications You will need a responsible adult to drive you home after the procedure <ul style="list-style-type: none"> NO taxis/transportation services (unless accompanied by a responsible adult) You will not be able to drive until the following day after your procedure <p>*PLEASE CALL THE OFFICE TO CANCEL/RESCHEDULE YOUR APPOINTMENT. CANCELLATIONS WITHIN 5 BUSINESS DAYS ARE SUBJECT TO A \$100 CANCELLATION FEE!***</p>		