

SUPREP BOWEL PREP INSTRUCTIONS FOR COLONOSCOPY

| Patient Name: _ | | | | Priysiciani: | | |
|--|---|--|--|--|--|---|
| PLACE OF PROC | EDURE: (Circle One) | Acadiana Endoscor | oy Center, Inc. / Burd | dien-Reihl Suite 4 | 02 / Our Lady of Lourdes | |
| Procedure Date: | | | Arrival Time: _ | am/pm | m Note: | |
| that a thorough | exam is achieve | d or you may be asi | instructions to ensure ked to repeat the cold ice 3 business days or a \$2 | onoscopy procedui | | etely so |
| 7 days before procedure | 3 days before procedure | 2 days before procedure | 1 day before | procedure | Day of procedure | |
| Pick up Suprep from your pharmacy and purchase over the counter Gas-X tablets. Review prep instructions thoroughly. STOP: Using any fiber supplements (FiberCon, Metamucil, Benefiber). IF YOU ARE TAKING BLOOD THINNERS OR | stop eating any raw fruits, raw vegetables, or vegetables containing seeds, popcorn, corn, nuts and any fiber supplements until after procedure. If YOU HAVE DIABETES & ARE TAKING INSULIN, CONSULT YOUR DIABETES DOCTOR FOR THE | Continue to NOT eat raw fruits, raw vegetables, or vegetables containing seeds, popcorn, corn, nuts and any fiber supplements until after procedure. ARRANGE FOR A FAMILY MEMBER, FRIEND OR SPOUSE TO TAKE YOU AND PICK YOU UP FROM THIS APPOINTMENT. | NO FOOD on the da procedure. Follow Diet instructions be Drink plenty of wate the day to avoid de 1st Dose – begin at Complete Steps 1-4 2 Gas-X tablets. STEP 1 Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container. | the Clear Liquid elow.* er throughout hydration. 6:00 P.M. | bottle of SUPREP liquid into the 16-ounc container at NOTE: Dilu concentrate to use. STEP 3 STEP 4 IMP Prink ALL the liquid in the | re, (the pegin A.M A.M A.M A.M A.M The begin A.M A.M A.M The begin A.M The begin and mix the the solution as directed prior ORTANT The containers The begin are containers The begin The begin The begin |
| HAVE A DEFIBRILLATOR and have NOT talked with a nurse | CORRECT DOSAGE TO TAKE ON THE DAY OF YOUR | | Drink ALL the liquid in the container. | You must drink two (2) more 16-ounce containers of water over the next 1 hour. | If you take daily heart, blood pressure or seizure medication it with SMALL SIPS of water o | n, take nly, at |
| from our office about this, please call & speak | PROCEDURE. Purchase Clear liquid | | Helpful Hints: Refri of Suprep until cool mixed with 4 oz. ler juice along with col | l. Suprep can be mon or lime d water. A lid & | least 3 hours before procedure. NOTE: It is very important that you DO NOT | |
| with a nurse | diet items | | straw may be added to sip. | | Drink ANYTHING 3 HOURS before | |

*CLEAR LIQUIDS ALLOWED: Soda, black coffee, tea, water, clear juice (no pulp), popsicles, low sodium broth, gelatin.

AVOID: milk, dairy, creamer, alcohol, juices with pulp, ANYTHING with red or purple.

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your scheduled procedure time.

listed below.