${\bf LATE\ MORNING/AFTERNOON\ Colonoscopy\ Preparation-Suprep}$

Name_			Colonoscopy		
Arrival	Time at Endoscopy Center	AM / PM	Procedure Time	AM / PM	
Prior '	го Preparation:				
	Medication Adjustments				
✓ ✓	Do not take Aspirin, Ibuprofen, Advil, Aleve, Motrin, Excedrin and/or arthritis medications day(s) before your study as these can thin your blood. You may take Tylenol. Other medication instructions may be given when we call you 1-3 days prior to your procedure. Arrange for a driver. Your driver must stay in the waiting room the entire time. This is a Department of Health guideline. You will not be able to drive for 12 hours after your procedure.				
\checkmark	Please notify us of any medication or insurance changes as soon as possible.				
	We require a 4 day notice to cancel or	reschedule proced	ures. Failure to give this not		
,	cancellation fee. Please call 263-0629 a				
	If you have any other questions regarding	g your procedure or	preparation, please call (717) 2	217-4312.	
	TO PURCHASE Duran and (1) Surgery lawstive houseld	-: 4	Variation		
	Purchase one (1) Suprep laxative bowel lefore Procedure Diet:	kit at the pharmacy.	You will need a prescription.		
DAI DI	Beginning on the morning of		your diet will co	ncict of clear liquids only	
	Red or Orange colored items are not peri	nitted during your p	reparation. Cranberry juice is	OK if it is naturally colored	
	red. Continue your clear liquid diet until				
	clear fluids every waking hour up to the	3 hour cut off time.	•	_	
EXAMP	LES OF CLEAR LIQUIDS INCLUDE:				
	Coffee or Tea (no creamer)Broth, bouillon or consommé	■ Soda (Sprite, Co	ke, etc) Fruit juices		
	■ Broth, bouillon or consommé	■ Jell-O (no fruit i	n it) Crystal Light		
	· 1 /	■ Water	Freeze Pops		
DAY BI	EFORE PROCEDURE PREPARATION:				
	***** Begin with a clear liquid die 5:00 PM — MIX FIRST DOSE OF SO		in the morning.		
			ha diamasahla mining santaina		
	 Add cool drinking water to t 		he disposable mixing container		
	6:00 PM — DRINK THE FIRST DOS		container and mix wen.		
			f the solution in the container u	intil the container is empty	
			to ensure adequate hydration at	ž •	
Day of	Procedure:			The same states of Frank	
	AM — MIX SECOND DOSE OF	SOLUTION			
	• Empty (1) one 6 oz bottle of	Suprep liquid into t	he disposable mixing container	r.	
	 Add cool drinking water to t 	he 16-oz line on the	container and mix well.		
	AM — DRINK THE SECOND D				
			f the solution in the container u	2 2	
	• Over the next hour, drink 32	-oz of clear liquids t	o ensure adequate hydration ar	nd an effective prep.	
	Make sure to take your medications <u>unle</u> off time. If this is not possible take med want you to stop any medications we did	ications with the sm	allest amount of water needed	to get them down. We do not	
				TID ADDIT!	
	ABSOLUTELY NOTHING BY MOUTH 3 HOURS BEFORE YOUR ARRIVAL				
	THIS INC	LUDES GUM, CAN	IDIES, AND WATER		

Witness

Date

Patient's Signature