



COLONOSCOPY ORDER & SUPREP PACKET

Procedure Date: _____

Arrival Time: _____ am/pm

Procedure Time: _____ am/pm

Ordering Physician

Dr. Ranvir Singh
Dr. Stephen Rashbaum
Dr. Nitin Parikh

Procedure Location:

Digestive Care Endoscopy

Emory Johns Creek Outpatient

Northside Forsyth Outpatient

You will be charged \$250 if you no show, cancel/reschedule without 48 hours notice. 770-227-2222

BOWEL PREP:

1. We have forwarded a prescription for **Suprep Bowel Prep** to your pharmacy.
2. You will need to be on a strict **CLEAR LIQUID DIET**, the entire day *prior* to your scheduled procedure.
3. At **6:00** pm on the day *prior* to your scheduled procedure, you will initiate mixing and drinking your first round of the **Suprep**.

Pour one 6 oz bottle of Suprep into the mixing container supplied by the pharmacy.
Add cool water to the 16 oz fill line on the mixing container. Drink all of the fluid mixture. Next, drink two additional 16 oz containers of clear liquid over the next 1 hour.

4. 5 1/2 hours prior to your scheduled procedure at _____ am, you will repeat step 3, as above. This is your second dose.
5. You may continue a clear liquid diet until you initiate step 4. **YOU MAY HAVE NOTHING BY MOUTH** for 4 hours prior to your procedure.
6. **NOTE: YOU MAY HAVE NOTHING TO EAT, SMOKE OR CHEW after midnight.** You may have your clear liquids with your second dose of **Suprep**.

DRIVING INSTRUCTIONS:

Please arrange for a responsible adult to drive you to and from the facility. They must plan on staying at the facility during the procedure. Your procedure may be cancelled should you arrive without a driver.

It is best if you can have a responsible adult with you for at least 8-hours following your procedure.

You will not be permitted to drive for 24-hours after the procedure due to anesthesia. You should also refrain from making any important and financial decisions during this time.

INSURANCE NOTE:

Please bring your driver's license and insurance card to every appointment; even your procedure.

Remember it is your responsibility to contact your insurance company to verify your insurance coverage for this procedure.

****Please follow THESE instructions, and NOT the instructions in the box.**

-Take your **Heart & Blood Pressure** medications as instructed unless your doctor instructs you otherwise.

-If you have **Diabetes**, please follow the instructions below:

*Do not take your diabetes **pills** the morning of the procedure. Feel free to bring them with you to take following the procedure.

*If you take **Regular Insulin**, do not take it the morning of your scheduled procedure. Please bring it with you to take following your procedure.

*If you take NPH, or Lantus-type Insulin, take 1/2 of your regular dose the morning of your scheduled procedure.

-Do NOT take any of the following Medications:

*Coumadin-**Stop 3 Days Prior**

*Plavix, Aspirin, Ibuprofen, Iron and Multivitamins-**Stop 7 Days Prior**

Please remove all jewelry prior to your procedure.

**** You may want to bring or wear warm socks, as the procedure area tends to be cool.**