



COLONOSCOPY ORDER & SUPREP PACKET

Procedure Date: _____

Arrival Time: _____ am/pm

Estimated Procedure Time: _____ am/pm

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

Ordering Physician

Dr. Ranvir Singh
Dr. Stephen Rashbaum
Dr. Long Nguyen
Dr. Nitin Parikh
Dr. Ruth Montalvo
Dr. Jae Kim

Procedure Location: (CIRCLE ONE)

Digestive Care Endoscopy (678) 208-2131
11315 Johns Creek Pkwy Ste 420, Johns Creek
Emory Johns Creek Outpatient (678) 474-8100
6325 Hospital Parkway, Johns Creek
Northside Forsyth Outpatient (770) 844-3200
1200 Northside Forsyth Drive, Cumming

BOWEL PREP:

1. Starting the morning of _____ you need to be on a **STRICT CLEAR LIQUID DIET**, for the entire day.

2. On _____ at **6:00pm**, 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.

3. **5 ½ hours prior** to your scheduled procedure time at _____ am, you will repeat step 2, as above. This is your second dose. Complete this and liquid over the next hour.

4. **NOTE: YOU MAY HAVE NOTHING TO SMOKE OR CHEW AFTER MIDNIGHT.**

5. **YOU MAY HAVE NOTHING BY MOUTH for 4 hours prior to your procedure time. Stop @ _____.**

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

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.

****Do not wear any jewelry or contacts to your procedure**

****Make sure to bring or wear warm socks due to procedure area being cool.**

MEDICATIONS:

-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 ½ of your regular dose the morning of your scheduled procedure.**

Do NOT take any of the following medications:

***Xarelto, Eliquis, Pradaxa – Stop 2 days prior**

***Warfarin-Stop 3 days prior**

***Clopidogrel, Effient, Brilinta, Aspirin 325mg, Ibuprofen – Stop 5 days prior**

Iron, Multivitamins and Fish Oil -Stop 7 days prior