

1026 Goodyear Avenue, Suite 201, Gadsden, AL 35903

Phone: (256) 467-4477, Fax: (256) 467-4830

VIPULT. AMIN, M.D.

Colonoscopy Preparation

Name:	Date:
Hospital:	TIME:_THE FACILITY WILL CALL THE DAY
PRIOR WITH TIME.***IF	YOU HAVE NOT HEARD FROM THE FACILITY BY 2:30 OR 3 PM
THE DAY PRIOR TO YOU	R PROCEDURE GIVE THE FACILITY A CALL AS THEY DO NOT
GIVE US THE PROCEDUR	E TIMES

PLEASE NOTIFY THE OFFICE 48 HOURS PRIOR IF YOU NEED CHANGE THIS DATE

If you are taking medication: Take ALL blood pressure and heart medication prior to your procedure. Please DO NOT take any Aspirin, Bufferin, Advil, Ibuprofen, Aleve, Naprosyn, Indocin, Lodine, Coumadin, or any other arthritic medication/blood thinners for (5) days prior to your procedure. IF YOU TAKE OZEMPIC OR MOUNJARO YOU WILL NEED TO STOP IT 2 WEEKS PRIOR TO PROCEDURE. If you take fish oil please stop it 7 days prior to procedure. If you take insulin, take ½ of our regular dose the day before the procedure. DO NOT take insulin the day of test.

PLEASE DO NOT FOLLOW PREP INSTRUCTIONS THAT ARE INCLUDED IN THE BOX WITH THE PREP; ONLY FOLLOW INSTRUCTIONS GIVEN BY OUR OFFICE

TWO DAYS PRIOR- MIX 119 GM OF MIRALAX WITH 500 ML OF WATER AND DRINK

One day before procedure you must be on a clear liquid diet ALL DAY-Begin liquids in the morning to aid in hydration and improve the quality of bowel prep

- Soups: Clear bouillon or broth
- Beverages: Tea, coffee (no cream/milk), Kool-Aid, carbonated beverages, apple juice, White grape juice, strained lemonade/ limeade. NO RED, PINK, ORANGE or PURPLE colored liquids
- Desserts: Water Ices, Italian ice, popsicles, or jello
- At 5 pm in the afternoon begin the bowel prep kit. Full instructions on the following page.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT EXCEPT BOWEL PREP KIT

NO DRIVING! You must have a driver the day of procedure. (Your driver must stay for entire procedure)

GADSDEN REGIONAL OUTPATIENT 1007 GOODYEAR AVE GADSDEN AL 35903 256-494-4462 256-494-4074 (business office) GADSDEN ENDOSCOPY (RIVERVIEW) 600 S 3RD ST GADSDEN, AL 35903 256-492-4284 256-543-5839 (business office)

HEALTHCARE PROVIDER INFORMATION

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

(sodium sulfate, potassium sulfate) Oral Solution

For Adults

(17.5g/3.13g/1.6g) per 6 ounces



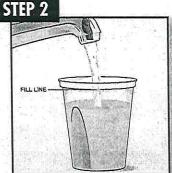
SUPREP Bowel Prep Kit is a split-dose (2-day) regimen. Both 6-ounce bottles are required for a complete prep.

FIRST DOSE: Begin Step 1 at _____5 PM the evening before your procedure and proceed as shown below:

You must complete Steps 1 through 4 using one (1) 6-ounce bottle before going to bed:



Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container.



Add cool drinking water to the 16-ounce line on the container and mix.

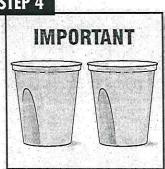
NOTE: Dilute the solution concentrate as directed prior to use.

STEP 3



Drink ALL the liquid in the container.

STEP 4



You must drink two (2) more 16-ounce containers of water over the next 1 hour.

SECOND DOSE: Begin Step 1 at 3 AM the morning of your procedure and proceed as shown above:

For this dose, repeat Steps 1 through 4 shown above using the other 6-ounce bottle.

NOTE: You must finish drinking the final glass of water at least 2 hours, or as directed, before your colonoscopy.

(Please see other page for additional instructions.)