



Etowah Gastroenterology Associates, PC
1026 Goodyear Avenue, Suite 201, Gadsden, AL 35903
Phone: (256) 467-4477, Fax: (256) 467-4830

Colonoscopy Preparation

NAME: _____ DATE OF PROCEDURE: _____

HOSPITAL: _____ TIME: THE FACILITY WILL CALL THE DAY PRIOR WITH TIME. ***IF YOU HAVE NOT HEARD FROM THE FACILITY BY 1:00 PM THE DAY PRIOR TO YOUR PROCEDURE PLEASE GIVE THE FACILITY A CALL AS THEY DO NOT GIVE OFFICE THE PROCEDURE 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; Fish oil you will need to stop 7 days prior to procedure; If you take Mounjaro or Ozempic you will need to stop it 2 weeks prior. 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*****

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

Clear Liquid diet

- **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. **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

GADSDEN ENDOSCOPY (RIVERVIEW)
600 S 3RD ST
GADSDEN, AL 35903
256-543-5355

HEALTHCARE PROVIDER INFORMATION

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

SUPREP[®] BOWEL PREP KIT

(sodium sulfate, potassium sulfate and magnesium 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:

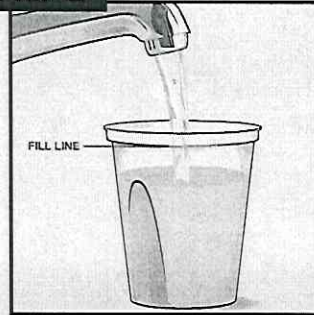
You must complete Steps 1 through 4 using one (1) 6-ounce bottle before going to bed:

STEP 1



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

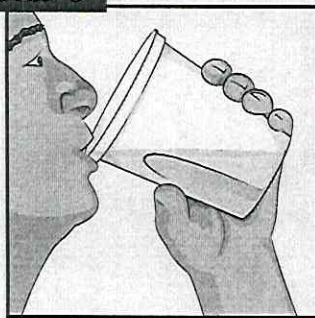
STEP 2



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

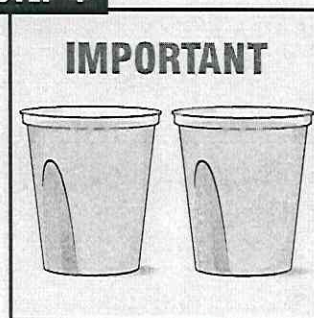
NOTE: Dilute the solution concentrate as directed prior to use.

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.)