



Colonoscopy Preparation Using Suprep

Name: _____ DOB: _____

SUPREP PRESCRIPTION WILL BE SENT TO YOUR PHARMACY

STARTING 5 DAYS BEFORE YOUR COLONOSCOPY:

- NO **SEEDY** FOODS – Nuts, Popcorn, Seeds (flax, sunflower, and quinoa), multigrain bread, fresh and dried fruit, seedy vegetables (like tomatoes, cucumbers, squash, peppers)
- NO medicines that stop diarrhea – no **iron** or **fiber** supplements
- Blood thinners like *Plavix®*, *Brilinta®*, *Effient®*, *Warfarin*, *Pradaxa®*, *Eliquis®*, *Xarelto®*, may have to be stopped. **Do not make this decision without prescribing doctor's approval!**

DAY BEFORE COLONOSCOPY - CLEAR LIQUID DIET ALL DAY:

Please **NOTHING** red, purple, or with pulp

Drinks – Gatorade, Powerade, Sports drinks are encouraged for their electrolytes
Black coffee or tea, plain with **NO cream or milk**. Any flavor soda or soft drink
Any flavor clear juice such as white grape juice or apple juice
Boost, Ensure, Glucerna (not plus or high fiber): Up to 2, **NONE** on procedure day

Desserts – Gelatin, Jell-O, Slurpee, and popsicles. **NO** red or purple, **NO** sherbets, **NO** smoothies

Soups – Clear broth which can be canned, home-made, or bouillon

Sweets – Hard candy such as mints, lifesavers, and gum

Diabetic medications will need to be adjusted per diabetic protocol.

Please take all prescribed medication including heart and BP medications!

TAKING THE PREP DAY BEFORE - 1ST DOSE ON (5 hours before bedtime):

- Pour one 6oz bottle of Suprep liquid into the mixing container
- Add cool water to the 16oz line on the container and mix
- Drink all the liquid in the container. Drink 32 oz of clear liquids over the next two hours

TAKING THE PREP DAY OF – 2ND DOSE ON (5 hours before procedure):

- Pour the second 6oz bottle of Suprep liquid into the mixing container
- Add cool water to the 16oz line on the container and mix
- Drink all the liquid in the container. Drink 32 oz of a clear liquid over the next 2 hours.

NOTHING BY MOUTH STARTING THREE HOURS PRIOR TO PROCEDURE



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Date and Time of Your Procedure

Arrival Time to Procedure Location

Location of Procedure:

- | | |
|--|---|
| <input type="checkbox"/> Sentara Obici Outpatient Surgery Center
2800 Godwin Blvd, Suffolk, VA 23434
Second floor of main hospital building | <input type="checkbox"/> Lakeview Ambulatory Surgery Center
2000 Meade Pkwy, Suffolk, VA 23434
East entrance |
|--|---|

Important Transportation Note

_____ Patients CANNOT drive a vehicle for the remainder of the day after having a colonoscopy. Please be sure to bring a responsible adult with you to drive you home after the procedure.

Procedure Cancellation and No-Show Policy

_____ Our office must be notified of all procedure cancellations at least two business days prior to the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment will be subject to a **\$100 no-show fee**. To cancel a procedure, please call our office.

Billing Notice

_____ If polyps are removed or biopsies are taken during a **screening** colonoscopy, the colonoscopy becomes **diagnostic** per most health insurance companies. Your copay for a preventive exam is affected by this insurance company policy, as you would have a higher copay.

By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by _____ on _____.

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____