



# 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. **Are you on a blood thinner?** YES \_\_\_\_\_ NO \_\_\_\_\_

## 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 - 1<sup>ST</sup> 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 - 2<sup>ND</sup> 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



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- 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**

### Date and Time of Your Procedure

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### Arrival Time to Procedure Location

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### Location of Procedure:

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



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PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_