

Your procedure is scheduled with:

## Your colonoscopy is scheduled at:

\*Date of Exam: \_\_\_\_\_

\*Arrival Time: \_\_\_\_\_ AM/PM

If you have questions about your

procedure, preparation, or need

to reschedule, please call your provider's office.

\*Although every effort is made to accommodate your scheduled arrival time, each patient undergoing an endoscopic procedure requires individualized care and the schedule may need to be adjusted accordingly and at the last minute. Thank you for your patience.

5 days prior:	3 days prior:	1 day prior:	Procedure Day!
Have you picked up your prescription for <b>SUFLAVE</b> (an oral laxative) at your pharmacy? It may have a different name. It has been electronically prescribed.	Continue all prescription medications unless advised to stop or adjust. Unable to keep your	Refrain from nicotine use in all forms. Upon rising, begin <b>clear liquid diet</b> <b>only</b> . Drink at least 8 ounces of liquid every hour: (see list below)	You may drink approved clear liquids until you start the second dose of laxative. <b>Dose 2:</b> At (7 hours before arrival time) Drink 8 ounces of solution in second bottle every 15 minutes until it is empty. <b>Continue drinking clear liquids</b> <b>until 4 hours prior to arrival.</b> Nothing by mouth for 4 hours prior to arrival. Stop drinking at: Bring with you: • Any completed paperwork • Your ride home • Insurance card • Reading glasses, if needed • Identification <b>Leave behind all jewelry, money,</b> <b>and valuables.</b>
Have you arranged a ride home from your procedure? * No ride = No sedation * Read these preparation instructions thoroughly. Disregard other instructions or those that may be printed on your prescription. Stop taking iron. Stop ALL vitamins, alternative medicines, naturopathic or Chinese remedies, herbs, and oily capsules.	appointment? To avoid a possible admin- istrative fee, <u>reschedule</u> <u>or cancel</u> with 2 business days notice.	<ul> <li>Gatorade, broth, water, black coffee, clear tea, clear fruit juices, Jell-O, popsicles, soda pop, Kool-Aid, Crystal Light, or any other clear liquid drink of your choice.</li> <li>No milk or cream, protein drinks, or Ensure - type shakes</li> <li>Avoid anything red</li> <li>No alcohol</li> <li>No fibrous or pulpy liquids</li> <li>Early in the day, open flavor enhancing packet and pour the contents into both bottles. Fill the bottles with lukewarm water to the fill line. Cap the bottles and shake until all powder dissolves. For best taste, place in refrigerator.</li> </ul>	
No nuts, seeds, popcorn, corn, or granola. These can clog the scopes. Please begin a low-fiber diet. No raw fruits or vegetables, canned or cooked are ok. White bread only.		Dose 1: Between 3pm and 6pm Drink 8oz. of solution in one of the bottles every 15 minutes until bottle is empty. Save the second bottle for dose 2. Stay close to the restroom. Continue drinking clear liquids until bedtime. Additional Instructions:	Additional Instructions:
Please read your entire at least 7 days in advan make sure you've pick your prescription for k preparation in plenty o	ed up If your pro	cedure is the last one of the da stay in the immediate NO UNACCOMPANIED PUBL	area.

ABSOLUTELY NO UNACCOMPANIED PUBLIC TRANSPORTATION, RIDE SHARE SERVICE, TAXI, UBER, or LYFT RIDES HOME.

We advise you to rest at home the remainder of the day. Do not drive ANY vehicle or make any major decisions for 12 hours after procedure.