

SUPREP PREP INSTRUCTIONS

You are scheduled on _____ with Dr. _____

Be at the marked location by _____ AM / PM Plan to be at the facility for approximately 3 hours.

*You will be sedated and **MUST** bring someone over the age of 18 years old to **stay** with you and drive you home safely. No one will be allowed to Uber/Lyft/Taxi/bus, unless accompanied by a responsible adult. Please note that you cannot drive for 24 hours after anesthesia.*

MEDICATIONS:



- If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa, Pletal, Eliquis, Effient, Xarelto, Brilinta, call our office for instructions on the possibility of stopping the medicine.
- You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **4 hours before your procedure, with a small sip of water.**
 - All other medications can be taken after the procedure.
- If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
- Unless specified below, continue your medications like normal.
- **For INSULIN dependent patients** – please call the doctor that controls your diabetes for instructions.

ONE WEEK PRIOR:

- **Stop** taking Ozempic/Wegovy/Mounjaro/Semaglutide

FIVE DAYS PRIOR:

- **Stop** any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine.
- **Stop** any diet/appetite suppressants, such as phentermine.
- **Stop** taking any ADHD/ADD medications i.e., Adderall/Vyvanse, if your body allows you to stop this medication.



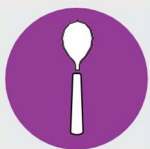
ONE DAY PRIOR:

- **Avoid** using un-prescribed recreational/street drug(s) including marijuana.
- **DO NOT** take any **ORAL** Diabetic medication.

IF YOU ARE SICK, have ANY cold symptoms, taking antibiotics, pending Heart/Pulmonary testing, or have any major changes in your medical history – Please Call Our Office Immediately for Instructions.

1 DAY PRIOR to your procedure, **consume** only a **CLEAR LIQUID DIET**. A clear liquid diet consists only of liquids that you are able to read a newspaper through. **NO SOLID FOODS!** No alcohol, milk/milk products, or non-dairy creamers. **NO RED OR PURPLE!**

CLEAR LIQUID DIET INCLUDES (limiting yourself to only water will make you nauseous/vomit when starting prep):



- Water, mineral water
- Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc.)
- Clear carbonated and non-carbonated soft drinks
- Sports drinks (Gatorade, Powerade), Pedialyte and/or Ensure Clear
- Broth (chicken, beef, vegetable, or bone broth)
- Popsicles, Sorbets, or gelatin (such as Jell-O)
- Coffee or tea (without milk or cream; sugar is okay)

FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service.

Please call our billing department for further assistance at 407.896.1726 ext. 405, prior to the procedure date.

SUPREP PREP INSTRUCTIONS

YOUR PREPARATION – SUPREP

Fill your prescription for SUPREP, at least (5) days prior to your test. (Keep in room temperature).



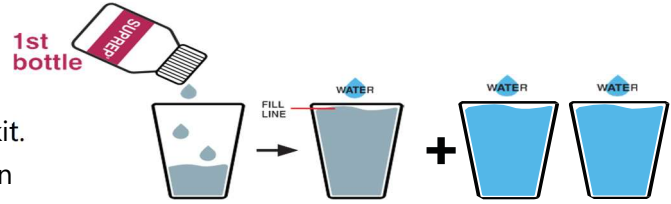
- The kit comes with two, 6 oz. bottles of medication and a 16 oz. drinking cup.

*****DO NOT follow the instructions the pharmacy gives with the prescription.**

DRINKING YOUR BOWEL PREPARATION, THE DAY BEFORE:

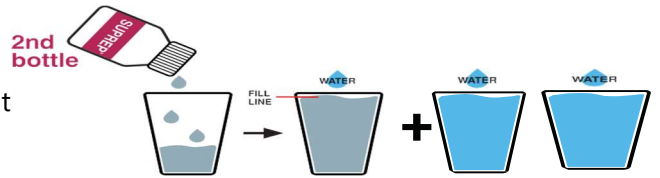
At 5:00PM -

- Pour 1 (6oz) bottle of **SUPREP** into the plastic mixing container provided in your kit.
- Add cool drinking water to the 16oz line on the container and mix.
- Drink all the liquid in the container.
- You must drink two (2) more 16oz containers of water over the next hour.



AT 10:00PM -

- Pour the second (6oz) bottle of **SUPREP** into the plastic mixing container provided in your kit
- REPEAT the steps listed above.



STAY HYDRATED with at least 12 tall glasses (about 8-10 ounces each) of clear liquids throughout the evening, in addition to what you drink with your bowel prep medication, to prevent dehydration.

4HOURS BEFORE your procedure, you should **STOP DRINKING ALL CLEAR LIQUIDS**. This means that you should not have anything by mouth 4 hours before your colonoscopy and onward. This includes no breath spray, candy, gum, mints. You may brush your teeth.

****FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee applies) ****
WE REQUIRE A 48 HOUR NOTICE FOR ANY CANCELLATIONS TO AVOID A \$150 CHARGE

CENTER FOR DIGESTIVE ENDOSCOPY

1817 N MILLS AVE
 ORLANDO, FL 32803

ADVENT HEALTH ORLANDO

601 E ROLLINS ST
 ORLANDO, FL 32803

SUMMERPORT SURGERY CENTER

5151 WINTER GARDEN VINELAND RD
 STE 108
 WINDEREMERE, FL 34786

ADVENT HEALTH, HEALTH VILLAGE

2415 N ORANGE AVE
 STE 201
 ORLANDO, FL 32804

ADVENT HEALTH WINTER GARDEN ASC

2000 FOWLER GROVE BLVD
 WINTER GARDEN, FL 34787

ORLANDO HEALTH

52 W UNDERWOOD ST
 ORLANDO, FL 32806

SOUTH LAKE ENDOSCOPY

2040 OAKLEY SEAVER DR
 CLERMONT, FL 34711

PATIENT SIGNATURE: _____ DATE: _____