



# Digestive Health Associates

## SUPREP BOWEL PREP KIT

### One week before your procedure:

Stop all blood thinners prior to your procedure as recommended by the Primary care Physician or Cardiologist. Please inform our office if you have any Artificial Valves or history of Endocarditic Rheumatic Fever.

### Day before your procedure:

1. Begin the day with a light breakfast (toast/oatmeal/fruit with water/coffee).
2. Starting at 10:00 A.M. start a clear liquid diet. Examples are water, coke, black coffee, tea, sprite, ginger ale, and clear chicken broth or beef broth. Green or yellow popsicles or jello are permitted.

**DO NOT** have any liquids with red, orange, purple or pink dye in them. No dairy products.

1. **If you are Diabetic:** contact your endocrinologist or primary care doctor who manages your diabetes to get instructions.
2. At 6:00 P.M. you will drink one bottle of your SUPREP bowel prep as directed below:



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



Add cool drinking water or sprite/ginger ale to the 16-ounce line on the container and mix.  
NOTE: Be sure to dilute SUPREP as shown at left before you drink it.



Drink ALL the liquid in the container.



You must drink two (2) more 16-ounce containers of water following your prep.

### Day of your procedure:

1. Take second bottle of SUPREP bowel prep at \_\_\_\_\_ A. M. (5 hours prior to procedure) (Follow with 2 more 16-ounce containers of water following your prep.)
2. Do not take any medications unless otherwise instructed.

**\*\*Diabetic patients** must not take any diabetic medication until after the procedure.

**\*\*Do not eat or drink anything after the second half of your prep\*\***

1. Someone must drive you home. You will not be permitted to have a colonoscopy if you do not have a responsible adult to drive you home. Taxis are not permitted. A medical transportation company may be contracted ahead of time if needed.
2. Do not bring any valuables.

### Cancellation Policy for Procedures:

You must give a 72-hour notice to reschedule or cancel your procedure or a **\$75 fee** will be charged to the patient.

Date of Procedure: \_\_\_\_\_ Check in time: \_\_\_\_\_