Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You must call 48-hours in advance to reschedule or cancel or you will be charged a $150 fee.*

Call (601) 268-5680 if you have

questions or need to reschedule.

**IMPORTANT**

**1. NOTHING by mouth 3 hours**

**prior to your procedure:\_\_\_\_\_\_\_\_\_**

(THIS INCLUDES ANY MEDICATION! If you take blood pressure, heart or seizure medication, you MUST take it 3 hours before your procedure!)

**2. Do not consume gum, mints and/or tobacco products 3 hours prior to the procedure!**

**3. DO NOT STOP any inhalers you are prescribed.**

**Diabetics:** Day before procedure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No diabetic medicine the day of the procedure

**Meds & Vitamins to Avoid 5 Days Prior**

(*Continue all meds unless otherwise noted)*

- Aleve, Naprosyn (naproxen) - Iron

- Motrin, Advil (ibuprofen) - Fish Oil

- Excedrin - BC Powder

- Multivitamin -Vitamin E

*Instructions for Blood Thinners & Aspirin:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Clear Liquid Diet**

- Broth

- Black Coffee (no cream/creamer)

- 7-Up or Sprite (flat)

- Tea (sweet or unsweet)

- Jell-O (green or yellow)

- Hard Candy (peppermint/butterscotch)

- Water/Flavored Water (clear)

- Fruit Juice (apple, cranberry, white grape)

- Popsicles (green or yellow)

- Powerade or Gatorade (clear, green or yellow)

- No alcohol products

Nothing red, blue or purple except cranberry/cranapple juice.

**Prep & Diet Instructions**

**Day Before Procedure (Morning)**

* Start clear liquid diet when you wake up – **NO SOLID FOODS!**

**Day Before Procedure (Evening)**

* 6 PM: pour one 6 oz bottle of SUPREP into mixing container. Add cold water to the fill line, mix. Drink all liquid.
* You **must** drink two more 16 oz containers of your clear liquid of choice over the next 1-2 hours. (For taste, add Crystal light, use a straw, eat a peppermint.)
* If you feel full or queasy, stop for 30 min, then resume

at a slower rate

* A bowel movement should occur 1-2 hours later and

will continue until clear liquid is passed. **(You must drink plenty of fluids the day before your procedure to ensure an effective prep.)**

**Morning of Procedure**

* You will complete the 2nd portion of the prep at this time.
* Pour the second 6 oz bottle of SUPREP into mixing container. Add cold water to the fill line, mix. Drink all liquid in container. Follow with two more 16 oz containers of your clear liquid of choice.
* All prep must be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_.
* Remain on clear liquids until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Do not consume gum, mints and/or smokeless tobacco products three hours prior to procedure.

**Other Details**

* Disregard prep instructions provided by the pharmacy.
* A licensed driver must check in with you and remain in the lobby during your procedure. If you use transportation services, you must also have a responsible adult with you for 24 hours after the procedure.
* Dress for comfort. Loose clothing, no jewelry/valuables
* Women of childbearing age are required to give

a urinalysis (pregnancy test) upon arrival

* If you are on home oxygen, please bring it with you.
* Your prep has been sent to pharmacy on file.

**If instructions are not followed correctly, your procedure may be delayed or rescheduled.**