

Patient Name \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone: 910-763-1219

Date of Colonoscopy \_\_\_\_/\_\_\_\_/\_\_\_\_ Please arrive at \_\_\_\_\_ Location \_\_\_\_\_

Do you have Advanced Directives? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please bring documents with you when you arrive for your procedure.

Are you allergic to LATEX? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a diabetic? (If so, discuss medication dosing with your physician.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you taking Iron? (If so, stop taking it for 7 days prior to procedure.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you taking blood thinners such as Coumadin, Warfarin, Effient, Plavix, Pradaxa, Xiralto, Lovenox and/or Ticlid? If so, you must discuss dosing with the prescribing physician.

<b>Prep Materials:</b> YOU <u>NEED</u> A PRESCRIPTION	Purchase Osmo Prep from your pharmacy.
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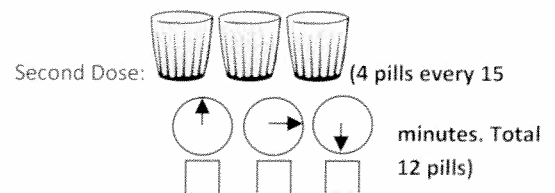
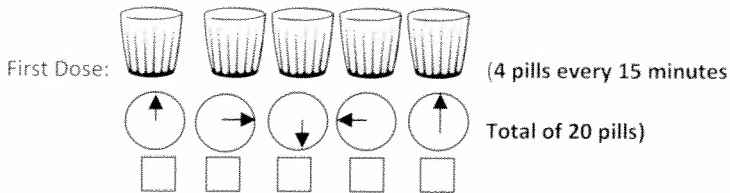
**INSTRUCTIONS - IT IS IMPORTANT THAT YOU FOLLOW THESE DIRECTIONS AS WRITTEN. SPLIT DOSING**

IF YOU HAVE DIFFICULTY OR QUESTIONS, PLEASE CALL (910) 763-1219

**ONE DAY BEFORE THE PROCEDURE:**

- |  |  |   |              |
|--|--|---|--------------|
| Have a CLEAR LIQUID DIET<br>(* <u>Nothing RED, PURPLE, or BLUE</u> ) | *Gatorade *Jell-O<br>*Carbonated Beverages<br>* Coffee or Tea (Sugar is allowed, <b>NO CREAM or MILK</b> ) | * Fruit Juice <b>WITHOUT</b> Pulp<br>* Popsicles and hard candy | *Clear broth |
|--|--|---|--------------|

<b>6:00 PM</b>	Take <b>four</b> (4) tablets with 8oz clear liquid every 15 minutes for a total of 5 doses or 20 pills.
<b>At your leisure</b>	At your leisure, follow with one to two quarts of clear liquid.
<b>Do not take anything else by mouth after midnight, however you may have water up to 3 hrs before procedure</b>	
<b>3-4 HOURS PRIOR TO LEAVING HOME:</b>	Take <b>four</b> (4) tablets with 8oz clear liquid EVERY 15 minutes for a total of 3 doses or 15 pills. Follow this with one quart of clear water. Wait at least 15 minutes between each dose.



Do not take Osmoprep tablets within seven days of a previous dose. Do not take additional laxatives or any other product containing sodium phosphate while taking osmoprep. For further information, consult your physician.

THE MORNING OF THE TEST: Take your blood pressure, seizure or heart medications with just a sip of water. Do not take diuretics (water pill, HCTZ, etc.)

**\*\*\*\*\*Notice\*\*\*\*\***

*You must make arrangements for someone to come with you, WAIT for you, and drive you home. You will not be allowed to drive a car for the rest of the day. You will not be allowed to leave by any type of public transportation.*

*We recommend a responsible adult remain with you 24 hours after your procedure.*

*Please leave ALL valuables at home. Hanover Gastroenterology will NOT be held responsible for lost or stolen items.*

*If, for any reason, you cannot keep your appointment, please give 48 hours notice, otherwise you will be charged.*

Endoscopy Center 1415 Medical Center Drive To cancel your procedure, please call 910-362-4391	If you have questions about your procedure or your prep, please contact your doctor's nurse at 910-763-1219
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