

**INTEGRATED MEDICAL GROUP, P.C.
GASTROENTEROLOGY / HEPATOLOGY**

48 TUNNEL ROAD, SUITE 104, POTTSVILLE, PA 17901
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PATIENT: Gi House Acct

DOB: 10/15/2009
DATE OF PROCEDURE: 00/00/0000

SUPREP

YOUR PRESCRIPTION WILL BE ELECTRONICALLY SENT TO YOUR PHARMACY FOR YOUR BOWEL PREP KIT. **YOU WILL FOLLOW THIS PREPARATION, NOT WHAT IS LISTED ON THE PACKAGE YOU PICK UP AT THE PHARMACY**

ASPIRIN OR COUMADIN DIRECTIONS ARE AS FOLLOWS:

1. Stop Coumadin 3 days prior to your colonoscopy.
2. Stop Plavix 5 days prior to your colonoscopy.
3. Stop Aspirin 7 days prior to your colonoscopy.
4. If you take both Plavix and Aspirin stop the Plavix 5 days prior but continue your Aspirin.
5. **PLEASE VERIFY THE STOPPING OF ANY OF THESE MEDICATIONS WITH YOUR PCP/CARDIOLOGIST.**

DAY PRIOR TO PROCEDURE:

1. Drink only clear liquids. **YOU CAN NOT HAVE ANY SOLID FOOD.**
2. **Samples of clear liquids:** strained orange juice, broth, coffee, clear grape juice, kool-aid, apple juice, tea, water, Gatorade, ensure, lemonade, soda and jello.
NO MILK, MILK PRODUCTS or RED FLUIDS.
3. Mix SUPREP solution by pouring (1 of the 2) 6-ounce bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Drink all of the liquid in the container. You must drink (2) more 16-ounce containers of water over the next 1 hour.
4. Start to drink the solution between 1:00 P.M. and 4:00 P.M.
5. Continue to drink plenty of clear liquids so you do not become dehydrated.
6. **DO NOT TAKE ANYTHING AFTER MIDNIGHT EXCEPT FOR 4 HOURS PRIOR TO YOUR SCHEDULED TIME THE MORNING OF YOUR PROCEDURE YOU WILL REPEAT #3.**
7. **The Schuylkill Endoscopy Center (SEC),** will call you in the afternoon the day before your procedure with your time. **IF YOU NEED TO CANCEL YOUR PROCEDURE AFTER 5 PM THE DAY BEFORE, PLEASE CALL (570) 622-6520 AND LEAVE A MESSAGE. IF YOU DON'T RECEIVE YOUR TIME BY 3 PM PLEASE CALL OUR OFFICE AT 570-622-5555.**
8. If you are scheduled at **The Schuylkill Medical Out Patient Center,** you need to call our office after 2 pm. for your scheduled time.

*** YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE.**

***** You must pick your prescription up at the Pharmacy within one week from today's appointment. Some pharmacy's do not hold prescriptions after one week.

DAY OF THE PROCEDURE:

1. DO NOT EAT OR DRINK ANYTHING IN THE MORNING EXCEPT AS INSTRUCTED ABOVE.
2. TAKE ONLY NECESSARY MEDICATIONS (**HEART or BLOOD PRESSURE**) WITH A SIP OF WATER.
3. DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST.
4. YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.
5. SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.

FACILITIES:

1. **SCHUYLKILL ENDOSCOPY CENTER - SUITE 103 Evergreen Professional Suites Bld**

2. **SCHUYLKILL MEDICAL CENTER OUT PATIENT CENTER-Mauch Chunk St. OFF ROUTE 61.**

****IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED **IS NOT** YOUR SCHEDULED TIME. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SHOW YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.****

Patient Signature: January 5, 2017