

PATIENT NAME	PATIENT ID	DOCTOR
CHECK IN FOR YOUR PROCEDURE:		
Date:	Time:	AM 🗆 PM
☐ Flowood Endo Center: 2510 Lakeland Drive, Flowood		
☐ Madison Endo Center: 106 Highland Way, Madison (St. Do	ominic – Highland Medical Arts Buil	ding)
☐ Vicksburg Endo Center: 1815 Mission 66, Vicksburg		
Other:		
SUTAB / MAG CITRATE CO	OLON PREP - AM F	PROCEDURE

Please follow these printed instructions for the prep, **NOT** the instructions listed on or included in the prep box.

This exam requires careful preparation!

Read through these instructions carefully at least 5 days prior to your procedure.

- Administration of two doses of SUTAB (24 tablets) is required for a complete preparation for colonoscopy. Twelve (12) tablets are
 equivalent to one dose.
- · Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

It is very important that you follow the full program of preparation. The results obtained from the exam are dependent on your colon being carefully cleansed and empty. An improperly prepared bowel may mean the exam will have to be repeated at another time, and more importantly, fecal matter left in the bowel can hide important conditions that may be present.

- Bring all current medications with you to the facility where your procedure will be done.
- Five (5) days before your scheduled procedure, stop taking all iron supplements.
- Please leave all jewelry and valuables at home. However, bring insurance cards and driver's license. You might want to bring a sweater.
- You will be given medication to make you sleepy. You must have someone with you who will be responsible for driving you home. The
 driver must be a responsible adult, 18 years of age or older. In the event that the driver is a licensed minor, a secondary adult must
 be available to sign the discharge orders. Any exceptions to this requirement must be made by the attending physician in advance.
 Patients are not allowed to leave alone or by taxi or bus. If you must cancel your procedure, please notify this office as soon as possible.
- · Your driver must remain at the facility.

TWO DAYS BEFORE your procedure

6:00 PM: Drink a 10-oz bottle of Magnesium Citrate (clear, not red or purple) bought at a drugstore. **After this start a clear liquid diet.** Do not eat any solid food or dairy.

The entire DAY BEFORE your procedure

- · Absolutely No Solid Food until your procedure is completed.
- You may have clear liquids as much as you would like all throughout the day.
- Clear liquids include water, clear juice, black coffee, tea, broth, Jello, soft drinks, and popsicles (nothing red or purple, no dairy products, no orange juice, no alcohol).