Harrisburg Gastroenterology, Ltd.

John P. McLaughlin, D.O., F.A.C.G., F.A.C.P.
Kevin C. Westra, D.O., A.G.A.F., F.A.C.P.
Michael A. Veliuona, M.D.
Cortni J.T. Brooks, M.D.
Aaron J. Reiprich, D.O.

Michelle R. Kostelac, MPAS, PA-C
Lisa C. Brenize, MSPAS, PA-C
Miranda J. Felty, MPAS, PA-C

## SUPREP PREPARATION FOR A COLONOSCOPY

You will need the following supplies for a successful colon preparation:

1. Pick up the prep medications that were sent into the pharmacy within the next 3 to 4 days.

The day before your colonoscopy **(Prep Day)**:_____

1. You are to have **CLEAR LIQUIDS ONLY THE ENTIRE DAY OF PREPARATION.** Examples: Water, Jell-O, iced popsicles, Italian Ice, Gatorade, Powerade, or sodas that **are not red or orange in color**, apple juice, white cranberry or white grape juice, iced tea, black coffee or hot tea, chicken or beef broth/bouillon. **Avoid solid foods, milk or dairy products, alcohol, anything with red or orange dyes.** *Please drink as much as comfortably possible so that you do not get dehydrated and your colon will be properly flushed.*
2. **At 5:00 P.M.: DO NOT follow instructions on prep kit.**
   Step 1 - Pour One (1) 6-ounce bottle of SUPREP liquid into the mixing container that is provided in the kit.
   Step 2 - Add cool drinking water or lemon lime Gatorade to the 16-ounce line on the container and mix.
   Step 3 – Drink ALL the liquid in the container.
   Step 4 – You must drink two (2) more 16-ounce containers of water or lemon lime Gatorade over the next 1 hour.

   Remainder of the evening continue clear liquids.

### DAY OF THE PROCEDURE

**6 HOURS PRIOR TO YOUR ARRIVAL TIME** _____ Repeat Steps 1 – 4.

**YOU MAY DRINK CLEAR LIQUIDS UP UNTIL 4 HOURS PRIOR TO YOUR ARRIVAL TIME THE DAY OF YOUR PROCEDURE. No lozenges, hard candy or chewing gum. No smoking after midnight.**

**YOU MUST HAVE A RESPONSIBLE ADULT TO DRIVE YOU HOME AFTER YOUR PROCEDURE IS COMPLETED. YOU MAY NOT WALK, RIDE A BUS, TAKE A TAXI OR ANY OTHER FORM OF PUBLIC TRANSPORTATION.** You are considered under the influence of narcotics and **CANNOT DRIVE** or **WORK** for the remainder of the day.

Your examination will be performed at:
□ Harrisburg Endoscopy and Surgery Center □ Other:_____

DATE OF PROCEDURE: _____

**You will be contacted the day before by the Harrisburg Endoscopy Center with your arrival time. If you have not received a call by 1 PM you will need to call them at (717) 545-8525.**

The above instructions have been explained to me and I agree to comply.

_____ _____ _____
Patient Witness Date

_____ Best phone number to reach you the day prior to your procedure

_____ I give my permission to Harrisburg Endoscopy Center to leave a detailed message at the above number with instructions and arrival time for my procedure.

Form 75
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