

Gastroenterology Associates, N.A., P.C.
1010 First Street North, Suite 112, Alabaster, AL 35007
(205)663-1023

John P. Day, M.D.
Bradley A. Rubery, M.D.

Robert D. Marks, M.D.
Robert D. Loudon, M.D.

SUPREP BOWEL PREP KIT

DR _____ DATE _____ ARRIVE TIME _____
(THIS IS NOT YOUR PROCEDURE TIME)

PLACE TO REGISTER: _____ Digestive Disease Center _____ One Day Ambulatory Surgery
(hospital GI lab) (Physician's Center, Suite 140)

THE ABOVE TIME THAT WAS GIVEN TO YOU IS YOUR SIGN-IN TIME. THIS IS YOUR EARLY TIME. Please be aware that your time from start to finish could be as much as 4 hours due to unforeseen emergencies. You cannot drive for 24 hours after your procedure and **MUST** have a driver with you that can stay in the waiting room until you are discharged. You **CANNOT** be dropped off. After your doctor completes the test, he will speak to the person with you about his findings and recommendations.

THE DAY BEFORE YOUR PROCEDURE:

1. Begin clear liquids. *CLEAR LIQUIDS ALLOWED: bouillon cubes, broth, Jell-O, popsicles, tea, coffee and soft drinks. Only green and yellow are allowed. **DO NOT USE RED, ORANGE or PURPLE. NO SOLID FOOD OR MILK PRODUCTS ALLOWED.**
2. At _____ p.m., mix one bottle of SUPREP (brown bottle) in the provided mixing container. You will then fill container to red line with cool drinking water. Drink **ALL** the liquid in the container. Next, you must drink two more 16 ounce containers of water over the next one hour.
3. Continue clear liquids until midnight.

THE MORNING OF YOUR PROCEDURE:

1. Nothing to eat or drink after midnight.
2. At _____ a.m., mix the second bottle of SUPREP (brown bottle) in the provided mixing container. You will then fill container to red line with cool drinking water. Drink **ALL** the liquid in the container. Next, you must drink two more 16 ounce containers of water over the next one hour.
3. You must finish drinking the final glass of water at least 2 hours before your procedure
4. If you take heart, blood pressure or seizure medications, take these with just a sip of water at 6:00a.m. All other medications should be taken after the procedure.
5. **Please bring a current list of medications with you!**

If you have any questions concerning the procedures or preparation for the procedure, please call our scheduling office at 205-663-1023. IT IS VERY IMPORTANT that you follow these instructions.

*****DETACH PRESCRIPTION HERE*****

____ John P. Day, M.D. ____ Robert D. Marks, M.D. 1010 First Street North, Suite
112
____ Brad Rubery ____ Robert D. Loudon, M.D. Alabaster, AL 35007
205-663-1023

Name _____ DOB _____ Date _____

Rx: Suprep Bowel Prep Kit Sig: Use as directed Dispense: (17.5g/13g/1.6g) per 6 ounces
No Refill _____, M.D.DEA# _____