



## **Englewood Office**

420 Grand Avenue, Suite 101 Englewood, NJ 07631

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## **Suprep Split Dose Colonoscopy Prep**

NAME:	PHYSICIAN:		
DAY AND DATE:	TIME:	ARRIVE AT:	
PLACE:	REPORT TO:4 hour cancellation policy. For procedures cancelled with less than 24 hour		
Please note: There is a 24 notice, a fee of \$125 dollar	4 hour cancellation policy. For ars will be assessed.	For procedures cancelled with less than 24 ho	ur
1 week Before	ANY blood	n our office for specific instructions if you take odthinning medications (Coumadin, Pradaxa spirin (Ecotrin),Eliquis, Xarelto, Plavix, etc.)	
your test	• Check with you take	h your physician for specific instructions if te ANY diabetes medications (Insulin, in, Janumet, Glipizide, etc.)	
		prep solution from your pharmacy	
	· · ·	iron 5 days before test	
		with iron are OK)	
DAY Before your		LEAR LIQUID DIET when you wake up	
		QUIDS (No milk, No orange juice)	
test		juice, water, ice pops, tea, coffee are OK RINK 1 <sup>st</sup> dose of Suprep after mixing as per	
		ons onSuprep container	
	• THEN drink	k TWO (2) 16 oz glasses of waterUse LOLLIPOPS (RED	
	• Continue C	CLEAR LIQUID diet	
	• Get some s	sleep	
DAY of your test		our usual medications when you wake up ip ofwater	



Phone 201.569.7044 Fax 732.548.7408

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- 6 Hours before your test: DRINK 2<sup>ND</sup> dose of Suprep
- THEN drink TWO (2) 16 oz glasses of clear liquid
- Continue CLEAR LIQUID diet
- 2 Hours before your test: STOP <u>ALL</u> oral intake-NOTHING!!!NO gum or candy
  NO cologne, perfume, or lotions please!
- You must have a ride home-NO driving until the following day!
- For all women of child-bearing age, a urine pregnancy test must be doneon arrival at the center.