

PALM BEACH GI
DR. NAVEEN REDDY, MD
561-619-7620

Instructions for COLONOSCOPY PREP – SUPREP SPLIT DOSE

Please advise your doctor if you are a **diabetic or taking any blood thinners** such as Coumadin, Plavix, Xarelto, Pradaxa, Eliquis, aspirin or baby aspirin.

If you are taking Ozempic, Wegovy, or Mounjaro, hold dose at least 7 days prior to the procedure. Medication can be resumed after the procedure is completed.

THE DAY PRIOR TO YOUR PROCEDURE:

1. **No Solid Foods. Drink only clear liquids all day!** You may have: water, hot or iced tea, coconut water, broth, soda, Gatorade, black coffee, Jello, popsicles, juices without pulp, lemonade, crystal light, flavored water, vitamin water, seltzer water. **NO DAIRY PRODUCTS, NO ALCOHOL, NO PULP, NO red, dark or purple fluids.**
2. **Take 4 Dulcolax Stool Softener Tablets at 11 AM with a full glass of water. Purchase at any pharmacy**
3. You will receive two 6-ounce bottles of laxative and a plastic cup from the pharmacy.
*****Beginning at 5 p.m: pour one bottle into the 16-ounce plastic cup provided. Add water to the fill line to dilute the solution. Stir and drink laxative. You must follow with a minimum of 32 ounces of clear fluid. Continue drinking fluids throughout the evening.**

ON THE MORNING OF THE PROCEDURE:

1. **FOUR (4) hours prior to your arrival time, between _____AM and _____AM take the 2nd bottle of Suprep (as above) and follow with 32 ounces of clear fluids within one hour. **FLUIDS MUST BE FINISHED BY _____AM.. DO NOT take anything by mouth within three hours of your arrival time.****
2. Your morning medications may be taken with a sip of water only. **No vitamins/supplements.**
3. **You must arrange for a driver to take you home as you will be sedated for your procedure.**

DATE OF PROCEDURE: _____

Tentative ARRIVAL TIME: _____

START TIME: _____

The facility will call to confirm your appointment and your arrival time the business day prior to your procedure.

***** IF YOUR ARRIVAL TIME CHANGES, BE SURE TO ADJUST THE TIME OF THE MORNING DOSE OF YOUR LAXATIVE!!**

Please call your doctor's office with any questions: (561) 619-7620

PLEASE NOTE :

*****IF CARDIAC CLEARANCE IS REQUESTED IT IS THE PATIENT'S RESPONSIBILITY. PLEASE GET THIS DONE ASAP AND HAVE THE CARDIOLOGIST OFFICE FAX US THE CLEARANCE BEFORE YOUR PROCEDURE DATE TO: 561-250-0019*****
PROCEDURE WILL BE CANCELED IF YOU ARE NOT CLEARED.

Locations:

Laser & Surgery Center of the PB
3602 Kyoto Gardens Dr
PBG, FL 33410
561-799-3394

JOSC - Jupiter Outpatient
2055 N Military Trail, Ste 100
Jupiter, FL 33458
561-741-1705

MEDICALLY NECESSARY:

PBG Medical Center
3360 Burns Rd,
PBG, FL 33410
561-622-1411

Jupiter Medical Center
1210 S Old Dixie Hwy,
Jupiter, FL 33458
561-263-2234

**** FEES ARE SUBJECT TO CHANGE****

****DR. REDDY'S SERVICES WILL BE BILLED SEPARATELY FROM THE FACILITY FEES****

- THE ANESTHESIA FEE IS SEPARATE AND ALWAYS VARIES
- THE BIOPSY FEE IS SEPARATE AND ALWAYS VARIES
- IF THE PHYSICIAN TAKES ANY BIOPSIES, THOSE FEES MAY VARY AND ARE DETERMINED BY THE PATHOLOGY LABORATORY THE FACILITY CHOOSES TO USE, NOT THE PHYSICIAN

****WE ARE NOT RESPONSIBLE FOR FEES FROM THE SURGICAL CENTER, THE PATHOLOGY LABORATORY OR THE ANESTHESIA FEES.**

****IF YOU HAVE QUESTIONS REGARDING A BILL YOU HAVE RECEIVED PLEASE CALL THE NUMBER ON YOUR BILL/INVOICE. THANK YOU.**