

INTEGRATED MEDICAL GROUP, P.C.  
GASTROENTEROLOGY / HEPATOLOGY  
48 TUNNEL ROAD, SUITE 104, POTTSVILLE, PA 17901  
(570) 622-5555 FAX (570) 622-6047

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PATIENT: Pat Whole Name (First Name First)      DOB: Pat DOB DATE OF PROCEDURE: 00/00/0000

**SUPREP**

You must follow these instructions NOT the instructions on the box from the pharmacy.

**YOUR PRESCRIPTION WILL BE ELECTRONICALLY SENT TO YOUR PHARMACY FOR YOUR BOWEL PREP KIT.**

**ASPIRIN OR COUMADIN DIRECTIONS ARE AS FOLLOWS:**

1. Stop Coumadin or Plavix 5 days prior to your colonoscopy.
2. Stop Eliquis, Xarelto, or Pradaxa 2 days prior to your colonoscopy.
3. Stop Aspirin 7 days prior to your colonoscopy.
4. **PLEASE VERIFY STOPPING ANY OF THESE MEDICATIONS WITH YOUR PRESCRIBING DOCTOR.**

**DAY PRIOR TO PROCEDURE:**

1. Drink only clear liquids. **YOU CAN NOT HAVE ANY SOLID FOOD.**
2. **Samples of clear liquids:** strained orange juice, broth, coffee, clear grape juice, kool-aid, apple juice, tea, water, Gatorade, ensure, lemonade, soda and jello. **NO MILK, MILK PRODUCTS or RED FLUIDS.**
3. Mix SUPREP solution by pouring (1 of the 2) 6-ounce bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Drink all of the liquid in the container. You must drink (2) more 16-ounce containers of water over the next 1 hour.
4. Start to drink the solution between 1:00 P.M. and 4:00 P.M.
5. Continue to drink plenty of clear liquids so you do not become dehydrated.
6. **DO NOT TAKE ANYTHING AFTER 10 PM EXCEPT FOR 4 HOURS PRIOR TO YOUR SCHEDULED TIME THE MORNING OF YOUR PROCEDURE YOU WILL REPEAT #3.**
7. **The Schuylkill Endoscopy Center (SEC), will call you in the afternoon the day before your procedure with your time. IF YOU NEED TO CANCEL YOUR PROCEDURE AFTER 5 PM THE DAY BEFORE, PLEASE CALL (570) 622-6520 AND LEAVE A MESSAGE. IF YOU DON'T RECEIVE YOUR TIME BY 3 PM PLEASE CALL OUR OFFICE AT 570-622-5555.**
8. If you are scheduled at LVHN SCHUYLKILL, the hospital will call you by 7 pm the day before your procedure.

**\*\* You must pick your prescription up at the Pharmacy within one week from today's appointment. Some pharmacy's do not hold prescriptions after one week. \*\***

**DAY OF THE PROCEDURE:**

1. **DO NOT EAT OR DRINK ANYTHING IN THE MORNING EXCEPT AS INSTRUCTED ABOVE.**
2. **TAKE ONLY NECESSARY MEDICATIONS (HEART or BLOOD PRESSURE) WITH A SIP OF WATER.**
3. **DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST.**
4. **YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.**
5. **SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.**
6. **YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE.**

- FACILITIES:**
1.  **SCHUYLKILL ENDOSCOPY CENTER - SUITE 103 Evergreen Professional Suites Bld**
  2.  **LEHIGH VALLEY SCHUYLKILL EAST - E. Norwegian St 2nd floor Out Patient Surgery**

**\*\*\*\*\*IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED IS NOT YOUR SCHEDULED TIME. THE TIME WILL COME FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. THESE SLOTS ARE THERE JUST TO SHOW YOU ARE SCHEDULED FOR THAT SPECIFIC DAY.\*\*\*\*\***

**Patient Signature:** Create Date Long