

# DIGESTIVE DISEASE SPECIALISTS, INC.

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Fax: (405) 752-4718  
[www.okddsi.net](http://www.okddsi.net)

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## SUPREP Bowel Preparation

Name: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Procedure Time: \_\_\_\_\_

### Procedure Location:

1 **Ambulatory Endoscopy Center (AEC)**  
3366 NW Expressway  
Baptist Physician's Building D, Ste. 400  
SEE MAP

2 **Mercy Outpatient Diagnostic Center**  
4300 West Memorial Road  
Mercy Health Center  
CHECK IN AT ADMISSIONS

\*\*\*\*\* If you have access to the internet, please log on to [www.okddsi.net](http://www.okddsi.net) and watch the Colonoscopy video under the patient education tab prior to your procedure.

There have been many times we have had to cancel the procedure midway and reschedule due to an incomplete prep. Therefore, you must complete a bowel preparation regimen as follows:

If you take medication, you may have it on the morning of the procedure with a small sip of water. **STOP ASPIRIN, ARTHRITIS MEDICATION, BLOOD THINNERS and IRON seven (4) days prior to your procedure date.** Inform the nurse immediately if you are taking other blood thinners (such as Coumadin or Plavix). If you use **INSULIN or diabetic medications**, you may need to adjust your dose to ½ your normal dose the day prior, and NONE on the day of your procedure until afterwards. **Do not** take your oral diabetes medication the day of your procedure until afterwards.

**THE DAY BEFORE THE PROCEDURE:** \_\_\_\_\_ **Have clear liquids ALL DAY. See the diet list on page two.**

**DOSE #1: At 1:00 PM pour the contents of one bottle of SUPREP Bowel Prep Kit into the mixing container provided. Fill the container with water to the 16 oz fill line, and drink the ENTIRE amount (DO NOT add anything else, such as flavorings, to the solution.** Drink two (2) additional containers filled to the 16 oz line with water over the next hour.

**DOSE #2: At 6:00 PM pour the contents of the second bottle of SUPREP Bowel Prep Kit into the mixing container provided. Fill the container with water to the 16 oz fill line, and drink the ENTIRE amount (DO NOT add anything else, such as flavorings, to the solution.** Drink two (2) additional containers filled to the 16 oz line with water over the next hour.

### THE DAY OF YOUR EXAM

1. **Nothing to eat or drink after midnight only liquids prior.** Please leave all valuables at home.
2. Arrive at the facility above ONE TO ONE HALF HOUR prior to the time of your procedure. See instructions above.
4. **Please fill out all your paperwork and bring with you to the facility** if you have not done so at the office recently. **It may decrease your waiting time if you fax the forms to 405-752-4718 in advance.** Please also bring your photo ID, insurance cards and medication list. You may print the forms from the following link: **"Pre-Registration Forms" from [www.okddsi.net](http://www.okddsi.net) under the forms tab.**

**A DRIVER MUST ACCOMPANY YOU:** You will not be able to drive, use a taxi, or a bus after the procedure. Your driver must be on the premises during the procedure or the procedure will be rescheduled.

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Start morning of: \_\_\_\_\_

Day of Procedure: NOTHING AFTER \_\_\_\_\_

## LIQUID DIET

<u>Food Groups</u>	<u>Food Allowed</u>	<u>Food to Avoid</u>
Fruit	Apple Juice Grape Juice Cranberry Juice	Any Juice with Pulp <b>(no orange juice)</b>
Soup	Fat-Free or Low Fat: Chicken Broth Beef Broth Chicken Bouillon Beef Bouillon	All Others
Dessert	Jell-O, any flavor plain <b><u>(No red dyes)</u></b> Ice Popsicles <b><u>(No red dyes)</u></b>	All Others
Beverages	Water, Ice Coffee, <b><u>no milk or cream</u></b> Tea Gatorade <b>(Not red)</b> Any Carbonated Drinks <b><u>Boost or Ensure (1-2 drinks maximum)</u></b>	All Others
Miscellaneous	Salt Sugar Hard Candy	All Others

### **APPOINTMENT REMINDER CALLS**

In an effort to provide the highest quality of service, we offer automated courtesy calls in the evening to confirm your upcoming appointment. **PLEASE RESPOND TO THE AUTOMATED CALL BY PRESSING THE APPROPRIATE NUMBER TO CONFIRM OR CANCEL YOUR APPOINTMENT.** If you press cancel, please call the office the next day during business hours to reschedule your appointment.

### **PROCEDURE CANCELLATION POLICY**

In the event that a procedure needs to be cancelled, please notify our office as soon as possible. This allows us to provide timely care to our other patients.

Failure to notify our office at least 24 hours prior to your appointment time may result in a charge of \$75.00. **This charge will be the responsibility of the patient** and will not be billed to your insurance company.

### **TEST RESULTS**

If Dr. Keener performs any biopsies or decides to have any further testing such as labs or x-rays, he will give you information on how to retrieve your results after the procedure. You will be able to retrieve your results at any time of the day within **7-10 business days** by accessing our website at [www.okddsi.net](http://www.okddsi.net). Click on "My Test Results" tab or you may call 866-971-9096. Please keep in mind you will always have access to more patient education via the website. You will then be asked to enter your personal identification numbers in order to get your results or recommendations.