

DIGESTIVE DISEASE SPECIALISTS, INC.

Mercy Plaza Office
David A. Neumann, MD
4140 W. Memorial Rd, Suite 207
Oklahoma City OK 73120
(405) 751-9427

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 ON BACK

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

OSMOPREP INSTRUCTIONS

STOP ALL ASPIRIN, ARTHRITIS MEDICATIONS, BLOOD THINNERS, OR IRON TABLETS ONE WEEK PRIOR TO THE PROCEDURE.

- 1) The day before your examination on _____ start on a clear liquid diet all day
- 2) Begin the 1st dose at 3 p.m., take 4 Osmoprep tablets ever 15 minutes with at least 8 oz of clear liquids until you have taken all 20 tablets. After the last 4 tablets, drink 12 oz of clear liquids
- 3) Begin the 2nd dosing regimen at approximately 6 p.m. and repeat the 1st dosing regimen for the last 12 tablets.

If your procedure is in the morning, do not eat or drink anything after midnight, and consume only approved liquids up to that time.

If your procedure is in the afternoon, do not eat or drink anything after 7 a.m., and consume only approved liquids up to that time.

The day of your exam _____, please continue all routine medication except for those mentioned. If you use insulin or diabetic medicine, take one-half your normal dose on _____ and none on the day of your procedure until afterwards and you are ready to eat.

Remember, your exam is scheduled for _____.

REMEMBER YOU MUST BRING SOMEONE WITH YOU TO DRIVE YOU HOME. IF YOU DO NOT, THE PROCEDURE WILL NOT BE DONE.

PLEASE LEAVE ALL VALUABLES AT HOME, THE CENTER IS NOT RESPONSIBLE FOR YOUR VALUABLES.

******IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.******

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CLEAR LIQUID DIET GUIDELINES

PURPOSE:

CLEAR LIQUIDS MAY BE USED IN CONDITIONS WHERE IT IS NECESSARY OR DESIRABLE TO REDUCE THE AMOUNT OF FECAL MATERIAL IN THE COLON. IN THIS REGARD, CLEAR LIQUIDS ARE COMMONLY PRESCRIBED PRIOR TO VISUAL EXAMINATIONS.

RECOMMENDED LIQUIDS:

JUICES: APPLE, GRAPE, CRANBERRY, OR ANY CLEAR JUICES

SOUPS: CLEAR BROTH, BOUILLON, OR CONSOMME

DESSERTS: ANY FLAVORED JELLO, (EXCEPT NO RED JELLO), POPSICLES, AND FRUIT ICE.

SWEETS: CARBONATED BEVERAGES, TEA, COFFEE, FLAVOR FRUIT DRINKS, KOOL-AID AND NO MILK PRODUCTS.

DEPENDING ON YOUR MEDICAL STATUS, YOU MAY USE NUTRITIONAL SUPPLEMENTS IN ADDITION TO THE ABOVE CLEAR LIQUIDS. EXAMPLES {ENSURE & BOOST}. THESE CANNED SUPPLEMENTS ARE NUTRITIONALLY COMPLETE AND ALLOW FAR MORE CALORIES THAN THE CLEAR LIQUIDS. THESE SUPPLEMENTS CAN BE OBTAINED AT ANY DRUG AND GROCERY STORES.