

DIGESTIVE DISEASE SPECIALISTS, INC.

Mercy Tower Office
Arun K. Sachdev, MD
4200 W. Memorial Road, Suite 612
Oklahoma City OK 73120
(405) 752-5559

Name: _____

Date of Procedure: _____

Arrival Time: _____

Procedure Time: _____

Procedure Location:

1 Ambulatory Endoscopy Center

3366 NW Expressway
Physician's Bldg D, Ste 400
Oklahoma City, OK 73112
See Map on back

2 Mercy Outpatient Diagnostics

4300 West Memorial Road
Mercy Health Center
Oklahoma City, OK 73120
Check in at Admissions

3 Mercy Canadian County

520 S. Mustang Rd
Yukon, OK 73099
Use South Door Entrance
Next to After Hours Sign

OSMOPREP

NOTICE: If you have any of the following please contact your doctor before filling your prescription for Osmoprep: Congestive Heart Failure, renal insufficiency (kidney problems) or ascites.

FOLLOW THESE INSTRUCTIONS FOR THE PREP. FAILURE TAKE THE PREP AS INDICATED BELOW MAY RESULT IN A POORLY CLEANSSED COLON & POSSIBLE CANCELLATION OF YOUR PROCEDURE.

The day before the procedure _____

Start a clear liquid diet beginning with breakfast if your appointment is after 12:00 pm you may have a light breakfast and then begin clear liquids (sample sheet of clear liquids on the back).

- At **5:00 pm** take 4 Osmoprep tablets every 15 minutes with at least 8 ounces of **any** clear liquid until 20 tablets have been consumed.

**4 Tablets
@ 5:00pm**

**4 Tablets
@ 5:15pm**

**4 Tablets
@ 5:30pm**

**4 Tablets
@ 5:45pm**

**4 Tablets
@ 6:00pm**

You may take a little longer in between consuming the pills if you need to drink a little slower.

- At **8:00 pm** take 4 Osmoprep tablets every 15 minutes with at least 8 ounces of **any** clear until the remaining 12 tablets have been consumed.

**4 Tablets
@ 8:00pm**

**4 Tablets
@ 8:15pm**

**4 Tablets
@ 8:30pm**

NOTHING TO EAT OR DRINK AFTER MIDNIGHT. IF YOUR APPOINTMENT IS 12:00 NOON OR AFTER YOU MAY HAVE CLEAR LIQUIDS UP UNTIL 6 HOURS BEFORE YOUR PROCEDURE.

******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.******

LIQUID DIET SHEET

FOOD ALLOWED

DRINKS

APPLE JUICE

WHITE GRAPE JUICE

WATER OR ICE

TEA (with sugar is fine)

ANY CARBONATED DRINKS

COFFEE (no milk or cream)

ENSURE OR BOOST (any flavor)

SOUP

FAT-FREE OR LOW FAT:

CHICKEN BROTH

BEEF BROTH

CHICKEN BOUILLON

BEEF BOUILLON

DESSERTS

JELL-O

POPSICLES

MISCELLANEOUS

SALT

SUGAR

HARD CANDY

FOOD NOT ALLOWED

DRINKS

ANY JUICE WITH PULP

NOTHING RED OR PURPLE

SOUP

ALL OTHERS

DESSERTS

NOTHING RED OR PURPLE

ALL OTHERS

MISCELLANEOUS

ALL OTHERS

