Prep Date:	Procedure Date:	
Pocono Ambulatory Surgery Center – T Pocono Medical Center – Please arrive i		
One week before your colonoscopy: Pic prescriptions electronically, therefore you green, leafy vegetables three days prior to	r prescription will be sent dir	
One day before your colonoscopy: Follo	ow a clear, liquid diet from th	e time you wake up in the morning.
What you can have: Soda, Coffee, Tea, Fruit juices wit Gatorade, flavored Jello without fr Clear beef or chicken broth Ice popsicles	thout pulp Sol ruit Mil Con	nat you can't have: id foods lk or dairy products ffee creamer ything red in color
On the day before your colonoscopy at	<u>4:00pm:</u>	
Step 1: Pour one 6-ounce bottle of SUPREP liquid into the mixing container		ink ALL of the aid in the container.
Step 2: Add cool drinking water to the 16-ounce line on the container and mix.	tw	u MUST drink o more 16-ounce ntainers of water er the next hour.
At 9:00pm: Repeat steps 1 through 4 shountil bedtime. Do not eat or drink anyth	_	unce bottle. Continue drinking liquids
S	SPECIAL INSTRUCTIONS	S
 If you are allergic to latex products, have No aspirin products, including ibuprofees If you take ginkgo, vitamin E, or garlice If you are diabetic, take ½ of your usua If you take Coumadin or Plavix, do note If you take heart or blood pressure med with just a small sip of water. You must have a driver to drive you how If you experience any difficulty with you If polyps are removed or biopsies taken five business days for the pathology dependence 	en, for days prior to the supplements, these must be sult dose of insulin on your preparate for days prior to the lication, you can take them in the sum after the procedure because our preparate rormal businesses, Dr. Covington will call your	colonoscopy. Tylenol is okay. stopped 5 days before the procedure. o day. Do not take your diabetic pills. ne colonoscopy. the morning on the day of the procedure se you will be receiving sedation. s hours, call 570-421-8968 for assistance. with the pathology results. Please allow
By my signature, I hereby acknow	ledge my understanding of the	ne instructions listed above:
Patient signature:	Date:	Witness: