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## Colonoscopy Prep Instructions – Sutab with 2 doses of Milk of Magnesia

621 Ridgley Ave, Suite 101 Annapolis, MD 21401 410-224-3636

F: 410-972-2698

YOUR BOWEL PREP IS VERY IMPORTANT - Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep. If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.

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Prior to your procedure:		2 Days Prior	1 Day Prior	<u>Procedure Day</u>		
Your prescription is sent to your pharmacy	Avoid consuming all food	Drink at least four	Clear liquid diet continues all	Clear liquid diet until 4 hours prior		
after your pre-op call or office visit has	with seeds, corn and nuts <u>5</u>	8oz. glasses of water	day today.	to your procedure.		
been completed. Please pick up your	<u>days</u> prior to your	throughout the day.	Drink at least four 8oz. glasses			
prescription within 72 hours.	procedure.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	of water throughout the day.	Morning Dose of Sutab : (Part 2)		
AND-Purchase 1 bottle of Milk of	Stop taking all NSAIDS.		No alcohol the day before or	6 hours prior to your procedure:		
Magnesia.	Ibuprofen, Advil, Aleve, etc.		day of your procedure.	Take the second 12 tablets with 16		
You will need to arrange for a responsible	5 days prior to your	Eat a light dinner.	If you are taking <u>diabetic</u>	ounces of water.		
adult to drive you home. You cannot	procedure. You may take		medication, cut your dose in	You can take one pill every 2-5		
drive until the day after your procedure.	Tylenol as needed.	<mark>6pm:</mark>	half this day and do not take	minutes as you can tolerate, make		
A taxi, ride share, or shuttle is not an		<b>Begin Clear liquid</b>	any diabetic medication day of	sure to take all 12 pills within one		
approved means of transportation <u>unless</u>	Inhalers and Nasal Spray-	diet.	procedure.	hour.		
you have a family member or friend with	Continue as prescribed.	Take 4 tablespoons	4pm:	5 hours prior to your procedure:		
you.	Please bring with you on day	of Milk of Magnesia	Take 4 tablespoons of Milk	Drink 32 ounces of water over one		
If you take Phentermine – stop taking this	of procedure.	followed by 32	of Magnesia followed by 32	hour.		
10 days prior to your procedure.	Blood Pressure and other essential medications:	ounces of water	ounces of water over one	You must finish all of the prep,		
If you take weekly injections for weight	Continue as prescribed. Take	over one hour.	hour.	including the water 4 hours prior to		
loss or Diabetes: do NOT take this within	these medications on the	over one nour.	5pm: SUTAB- Part 1	your procedure. Please call the		
7 days of your procedure.	day of your procedure with a	Acceptable clear	Take the first 12 tablets with	office if your prep results are not		
If you take iron, dietary, herbal or fiber	SMALL sip of water at least 2	liquids include: water,	16 ounces of water.	clear like water or a transparent		
supplements, stop taking these 7 days	hours before procedure.	clear broth, apple	You can take one pill every 2-5	yellow at this time.		
prior to your procedure.	mours before procedure.	juice, white cranberry	minutes as you can tolerate,	yenow at this time.		
If you take a blood thinner-	If you wear contacts: please	juice, white grape	•	You cannot have ANYTHING AT ALL		
Please contact the prescribing doctor to	remove them at home or	juice, soda, jello,	make sure to take all 12 pills	by mouth for at least 4 hours prior		
obtain a blood thinner hold order. The	bring your contact lens	popsicles, coffee, and	within one hour.	to scheduled procedure time. This		
office can fax this order to us at 410-972-	supplies with you if you don't	tea.	6pm: Drink 32 ounces of	includes ice, water, gum, hard candy		
2698.	have glasses to wear.	You may have any	water over one hour.	and mints.		
If you see a specialist: you can request	Please leave jewelry and	transparent liquid.	It should take you no more	and mints.		
that your most recent visit summary, labs,	other valuables at home.	Nothing with milk or	than 2 hours to complete	No smoking the day of procedure.		
and test results from that office be faxed		creamer.	these steps.	Please remember to bring your:		
to us at 410-972-2698	Contact our pre-operative			-Current Medication list with the last		
	department with any	Nothing red, blue or	If you are unable to tolerate	dose for each medication taken		
If you develop any covid, flu, or cold like	questions at 410 224-3636	purple in color are	the prep, please call 410-224-	-Insurance Cards		
symptoms within 2 weeks of your	Option 2.	allowed.	4887 to speak to the on call	-Driver's License/Photo ID		
procedure date, please call us at 410-224-			doctor.	-Any co-insurance fees that are due.		
3636.				Any to mourance rees that are due.		



- This form must be <u>completed</u> prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.

Medication Name	Dose	Frequency and Time(s) Taken	Date / Time of Last Dose

Patient Signature	Date



Patient Signature

Date