








SUTAB PREP(PM) You are scheduled for EGD Colonoscopy: _____ / _____ / _____ Estimated Arrival Time: _____

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828-349-3636

Please initial your understanding of all instructions:
_____/_____(staff)

***Pick your prep up at the Pharmacy and purchase 1 117g bottle of Miralax over the counter.**

Medications To STOP	Medications To STOP	Information Leading to Procedure	1 DAY BEFORE PROCEDURE (PREP DAY)	PROCEDURE DAY
 14 DAYS PRIOR: Phentermine 8 DAYS PRIOR: Any GLP-1 Agonists Medications for diabetes and/or weight-loss <ul style="list-style-type: none"> • Trulicity • Ozempic • Mounjaro • Saxenda • Rybelsus • Wegovy • Zepbound <p style="color: red; font-weight: bold; margin-top: 10px;">*ANY WEEKLY WEIGHT-LOSS INJECTABLE MEDICATIONS</p> 7 DAYS PRIOR: <ul style="list-style-type: none"> • Aspirin • Vazalore • Ibuprofen • Motrin • Aleve • Meloxicam • Advil • Naproxen • BC Goody's • Diclofenac 	 5 DAYS PRIOR: <ul style="list-style-type: none"> • Plavix • Coumadin • Warfarin • Brilinta 3 DAYS PRIOR: <ul style="list-style-type: none"> • Xarelto • Pradaxa • Eliquis • Savaysa 	<p>**A member of our staff will call to confirm your arrival time prior to your procedure. If a message is left, please return the call at your earliest convenience.**</p> <p style="text-align: center;"></p> <p>Ride home: Confirm you have a responsible adult to drive you home after the procedure. (You may NOT ride the transit or take a taxi home.)</p>	<p style="color: red; font-weight: bold; background-color: yellow;">***NO SOLID FOOD TODAY!!!***</p> <p style="text-align: center;"> You can have clear liquids all day today. (See the attached clear liquid diet sheet). The more you drink, the better your prep will be.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">  5:00PM: PART 1: Take the first bottle of tablets following the instructions provided by the office. </div> <div style="text-align: center;">  10:00PM: PART 2: Take the second bottle of tablets following the instructions provided by the office. </div> </div> <p>Instructions:</p> <ol style="list-style-type: none"> 1) Open 1 bottle of 12 tablets. 2) Fill the provided container with 16 ounces of water. Swallow one tablet every 1-2 minutes. You should finish the 12 tablets and the entire 16oz of water within 20 minutes. 3) Approximately 1 hour after the last tablet is swallowed, fill the container with water a second time and drink within 30 minutes. 4) Approximately 30 minutes after completing step 3, fill the container with 16 ounces of water and drink the entire amount over 30 minutes. <p style="color: red; font-weight: bold; margin-top: 20px;">**You may continue clear liquids only until the time allowed in the next column.**</p>	<p style="color: red; font-weight: bold; background-color: yellow;">At 6AM Drink the following mixture within 30 minutes:</p> <p style="color: red; font-weight: bold; background-color: yellow;">117g of Miralax and 32 ounces of gatorade (or a clear liquid).</p> <p style="color: red; font-weight: bold; background-color: yellow;">**No Tobacco Products 6 hours prior to your arrival time**</p> <p style="color: red; font-weight: bold; background-color: yellow; text-align: center;">YOU CAN HAVE CLEAR LIQUIDS TODAY UNTIL:</p> <p style="color: red; font-weight: bold; background-color: yellow; text-align: center;"> 4 Hours Prior to your Arrival time</p> <p>(No gum, candy, mints, ice chips, sips of clear liquid or chewing tobacco after the time listed above.)</p> <p>Early morning: Take your usual prescribed heart medication / blood pressure medication (NOT BLOOD THINNER) with a sip of water if applicable. Do not take any other medications before your procedure unless instructed to do so.</p>

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