Patient Name: _____ □ **JAMES D. TOROSIS, M.D.** □ **VICKY W. YANG, M.D.**

Patient DOB: _____/_____/_____ □ **DANIEL S. RENGSTORFF, M.D.** □ **CYNTHIA W. LEUNG, M.D.**

Location: Atherton Endoscopy Center □ **MADHURI BADRINATH, M.D.**

Colonoscopy SUTAB Split Preparation Instructions

Proc Date: _____ **Check-In:** _____ **Proc Time:** _____ **Check-Out/Pick-Up:** _____

7 Days Prior	5 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
Arrange a ride. You must have an escort drive you home or the procedure will be cancelled. Taxi, Uber, and public/county transportation are not allowed. On your procedure day you will not be able to work, drive, operate equipment, sign any important papers, drink alcohol or take sedatives for the remainder of that day**.** **Stop eating seeds and nuts.** Throughout this prep, you should continue taking all your normally prescribed medications unless otherwise instructed.	**Check with your insurance company** for your copay and deductible. **Confirm your ride.**  **If you take blood thinners,** (Coumadin, Plavix, Xarelto, Pradaxa, Effient or similar) **or Jardiance**, please check with your doctor when you should stop this medication.	**Pick up your prescribed prep at the pharmacy** if you have not already done so. **Stop taking NSAIDs (such as ibuprofen, Advil, Motrin, Aleve, etc).** You may take Tylenol (acetaminophen) or continue a daily aspirin. **Consider buying personal hygiene wipes** or hemorrhoid cream to prevent a sore bottom.	**Drink at least 6 glasses of water throughout the day.** **Avoid obviously greasy, oily or fried foods.**	**Start "Clear Liquid Diet" today.** Clear liquids include clear juice, tea, Jello, broth, coffee without cream – anything you can see your fingers through. Avoid red or purple colors please! **AT 6PM:** 1. Take the first bottle of SuTab with 16oz of water. Swallow each tab with a sip of water and drink the entire 16oz over 15-20 minutes. 2. Approximately 1 hour after the last tab is swallowed, drink a second 16oz of water of 30 minutes. 3. Approximately 30 minutes after completing the second 16oz of water, drink a third 16oz of water over 30 minutes. If you are unable to keep any of the prep down, please call: **(650) 365-3700**	**Take your regular medications unless instructed otherwise.** **6 HOURS BEFORE PROCEDURE:** Take the second dose of SuTab. Repeat steps 1-3. Continue to drink clear liquids until 2 hours pre-procedure. ***** NOTHING BY MOUTH STARTING 2 HOURS BEFORE PROCEDURE, or it will be cancelled. ***** Be sure to bring your insurance card and copay, but leave money & valuables at home! **Atherton Endoscopy Center** **3351 El Camino Real Ste 220** **Atherton, CA 94027** **(650) 363-2800** It is critical for you to arrive on time for check-in. Plan your ride to be ready for pick-up at the time indicated. Please call if you are having troubles getting to the center on the day of your procedure.

****PLEASE STOP YOUR _____ ON _____.**

*****GLP-1 AGONISTS (like Wegovy, Ozempic, and Mounjaro) NEED TO BE HELD 1 WEEK PRIOR TO PROCEDURE*****