



## Procedure Instruction Packet

**READ this instruction packet completely at least 7 days prior to your procedure!!**

*\*\*Your procedure may be cancelled if these instructions are not followed.*

Date of Procedure: \_\_\_\_\_

Procedure Scheduled: \_\_\_\_\_

Required Arrival Time: \_\_\_\_\_

- We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.

Estimated Start Time of Procedure: \_\_\_\_\_

- Note: The exact time for each procedure varies from patient to patient. Our physicians give each patient outstanding care and undivided attention.

**Please print this packet out if you are receiving it by email.**

It is important that you read the instructions a few times before your procedure. We recommend you set a reminder on your calendar 7-10 days prior to your procedure to ensure you are prepared and understand your restrictions.

***Important:*** If you are scheduled for a colonoscopy, *follow our instructions **ONLY**. Do **NOT** follow the instructions within the colonoscopy prep kit you receive at the pharmacy.*

**Following the instructions within this packet is very important. We want to ensure your procedure will be performed with success.**

You will receive a confirmation call or text 72 hours prior to your scheduled procedure.


A copy of these instructions may also be found online at: [www.mdtec.md.com](http://www.mdtec.md.com)

## Colonoscopy Prep Instructions with Suprep Prescription & 3 Bottles Magnesium Citrate



MARYLAND DIAGNOSTIC & THERAPEUTIC ENDO  
CENTER 621 Ridgely Ave, Suite 101  
Annapolis, MD 21401  
410-224-3636  
F: 410-972-2698

**YOUR BOWEL Prep IS VERY IMPORTANT- Please read instructions carefully!**

10 Days Prior	1 Week Prior	5 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
<p>You must <b>STOP</b> taking <b>Phentermine</b> or any medication containing <b>Phentermine</b></p> <p><u>Examples:</u> Qsymia, Qnexa, Adipex-P, Suprenza, Fastin or Phentercot.</p>	<p><b>Pick up your prescription and 3 bottles Mag Citrate.</b></p> <p><u>Only follow these instructions. Do NOT follow box instructions.</u></p> <p>If you take dietary, herbal or fiber supplements, or medications containing iron, discontinue these 7 days before your appointment.</p> <p><b>If you take Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners:</b> You must obtain permission to withhold this medication prior to your procedure.</p> <p><b>Contact our pre-operative nurse for concerns or questions at 410 224-3636</b></p> <p><b>You MAY continue to take:</b> once daily aspirin (81mg or 325mg daily)</p>	<p><b>Stop</b> consuming all food with seeds, corn and nuts.</p> <p><b>Stop</b> taking ibuprofen, Advil, Aleve and NSAIDs</p> <p>You may take Tylenol as needed.</p>	<p><b>Begin Clear Liquid Diet NO solid foods until after procedure.</b></p> <p><b>Acceptable clear liquids</b> include: water, clear broth, apple juice, white cranberry juice, white grape juice, soda, gelatin (Jello), popsicles, coffee, and tea (<u>no milk or creamer</u>).</p> <p><b>Drink plenty of clear liquids all day long.</b></p> <p><b>Inhalers and Nasal Spray:</b> Continue to take these medications as directed. Bring with you day of procedure.</p> <p><b>10am:</b> Drink 1<sup>st</sup> Bottle of Magnesium Citrate.</p> <p><b>6pm:</b> Drink 2nd Bottle of Magnesium Citrate. Then Drink One 8oz glass of Water.</p> <p>If you have a fever, cold, or respiratory symptoms within 48 hours of your procedure- call us.</p>	<p>Continue clear liquids. <b>NO Solid foods</b> today. Red, purple or blue colored liquids are not allowed.</p> <p>If you are taking <b>diabetic medication</b>, cut your dose in half this day and do not take any diabetic medication day of procedure.</p> <p>If you have an insulin pump, check with prescribing MD for instructions.</p> <p>Drink at least four 8oz. glasses of water throughout the day. Do NOT drink alcohol the day before your procedure.</p>  <p><b>4pm:</b> Drink 3rd Bottle of Magnesium Citrate. Then Drink One 8oz glass of Water. Continue clear liquid diet.</p> <p><b>6pm:</b> Begin Suprep- Part 1</p> <p><b>Step 1-</b> Pour one 6oz. bottle of Suprep liquid into mixing container. Add 10oz of cool water to the line and stir. Drink all of the liquid in the container.</p> <p><b>Step 2-</b> Drink at least <u>two more</u> 16oz glasses of water or approved clear liquid. We recommend water.</p> <p><u>It should take 1 hour to complete steps 1&amp;2.</u></p>	<p><b>Morning Dose Suprep- Part 2</b></p> <p><b>If your procedure is scheduled before 1130am:</b> REPEAT steps 1 &amp;2 at 3am It should take 1 hour to complete steps 1&amp;2.</p> <p><b>If your procedure is scheduled after 1130am:</b> REPEAT steps 1 &amp;2 at 730am It should take 1 hour to complete steps 1&amp;2.</p> <p><b>**You need to finish 4 hours prior to your procedure.</b></p> <p><b>Nothing by mouth at least 4 hours prior to scheduled procedure time-including gum, hard candy or mints.</b></p> <p><b>No smoking the day of procedure.</b></p> <p>You may take your essential morning medications with a <u>small sip</u> of water, <u>at least 2 hours</u> prior to your procedure, unless otherwise directed by your physician.</p> <p><b>You will need:</b></p> <ul style="list-style-type: none"> <li>-Insurance Cards</li> <li>-Driver's License/Photo ID</li> <li>-Any co-insurance fees due</li> <li>-A responsible adult driver to drive you home. A taxi or shuttle is not an approved means of transportation <u>unless you have</u> a family member or friend with you. You may not drive until the day after your procedure.</li> </ul>



# MDTEC

## Medication Record Form

- This form must be completed 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	<u>Date / Time of Last Dose</u>

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



MDTEC

# Medication Record Form


\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date