

SUTAB® (sodium sulfate, magnesium sulfate, and potassium chloride) Tablets

1.479 g/0.225 g/0.188 g

				DEPOSIT DAY OF PROCEDURE:		
Appoint	ment Date:	_//_	_Time:	AM/PM ArrivalTime:	Location:	
NOTE	: Before beginni	ng the follow	ing steps, ha	ve your prescription for filled a	at the pharmacy.	
**** your	Please advise heart valve o	e your phy or if you ha	sician prio ve a heart	r to your appointment if you murmur.***	ı have any problems with	
		You	cannot dr	ive the day of the proced	lure	
Ecotrin, P	lavix (Clopidogre	el bisulfate), 🕽	Xarelto (rivaro	n or aspirin type products: Coumad oxaban), Effient (Prasugrel), Pradax or to stopping these medications.	lin (Warfarin), Advil, Aleve, Motrin, a (dabigatran), Eliquis (apixaban).	
	EAT food conteds, strawberrie			prior to your procedure which inclu	uded but not limited to sesame,	
				rought along with you the day of t ian about possibly adjusting you d	he procedure to be taken after the osage prior to procedure***	
			THE DAY	BEFORE YOUR PROCEDURE		
	ast: A low residu		or plain yogu	rt). Clear Liquids the rest of the da	y: Soup broth, Jello, Gatorade	
_3	PM Dose 1	L				
	Step 1: Open 1	Bottle of 12	tablets			
	Step 2: Fill con	tainer up to f	ill line.			
	Step 3: Swallov	w each tablet	with a sip of	water, and drink the entire amoun	t of water within 15-20 minutes.	
	Step 4: Approx	1 hr after las	st tablet fill co	ntainer and drink within 30 minute	2 S.	
	Step 5: Approx	30 minutes a	after finishing	fill again and drink entire containe	er within 30 minutes.	
	** If nausea, e	xcessive bloa	ating or cram	ping begins, slow down drinking th	ne additional water.	
	PM Dose 2 Step 1: Open 1 Step 2: Fill con					
	Step 3: Swallov	w each tablet	with a sip of	water, and drink the entire amoun	t of water within 15-20 minutes.	
	Step 4: Approx	1 hr after las	st tablet fill co	ontainer and drink within 30 minute	2 S.	
	Step 5: Approx	: 30 minutes a	after finishing	fill again and drink entire contains	er within 30 minutes	