

COLONOSCOPY PREPARATION INSTRUCTIONS – OsmoPrep

Patient Name: _____ Doctor: _____

Procedure Date: _____ Check-in at _____ a.m./p.m. with procedure to follow one hour later.

Facility where procedure is to be performed: Southeast Valley Endoscopy Center

FILL THE PRESCRIPTION AT THE DRUG STORE:

- 32 OsmoPrep Tablets

THE DAY BEFORE YOUR COLONOSCOPY:

- **FOR THE ENTIRE DAY BEFORE YOUR TEST, FOLLOW A CLEAR LIQUID DIET.**

NO SOLID FOODS MAY BE EATEN! We recommend that you drink at least 32 ounces of clear fluids before beginning the prep. Clear liquids include water, pulp-free juice, tea, coffee, soda, clear broth, Jell-O (no red or purple), popsicles (no red or purple) and Gatorade (no red or purple). *Please do not consume milk, milk products, non-dairy creamer, red or purple products or alcoholic beverages.*

- At 4:00 PM take four (4) OsmoPrep tablets with 8 oz water or clear liquid. Continue taking four (4)) OsmoPrep tablets every fifteen minutes for a total of 5 doses (20 tablets altogether). Please continue to drink plenty of liquids to keep you hydrated.

THE MORNING OF YOUR PROCEDURE:

- At _____AM (6 hours before your check-in time) take 4 OsmoPrep tablets with an 8 oz glass of water or clear liquid every 15 minutes for a total of 3 doses (12 OsmoPrep tablets total).
- **YOU MUST FINISH TAKING THE LAXATIVE TABLETS AND ANY CLEAR LIQUIDS AT LEAST FOUR (4) HOURS BEFORE YOUR CHECK-IN TIME. FINISH BY _____AM.**
- **NOTHING BY MOUTH 4 HOURS PRIOR TO YOUR CHECK-IN TIME – THIS INCLUDES WATER, MEDICATIONS, GUM AND MINTS.** You may continue to drink clear liquids up to four hours prior to your check-in time.

REMEMBER: NOTHING BY MOUTH FOUR HOURS PRIOR TO YOUR CHECK-IN TIME
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- **Failure to follow these instructions could result in your procedure being postponed or cancelled. This is for your safety and to prevent an increased risk of pulmonary aspiration due insufficient time to allow stomach contents to be empty.**