



DIGESTIVE DISEASES CENTER OF SOUTH TEXAS, P.L.L.C.

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DIPLOMATES, AMERICAN BOARD OF INTERNAL MEDICINE AND GASTROENTEROLOGY

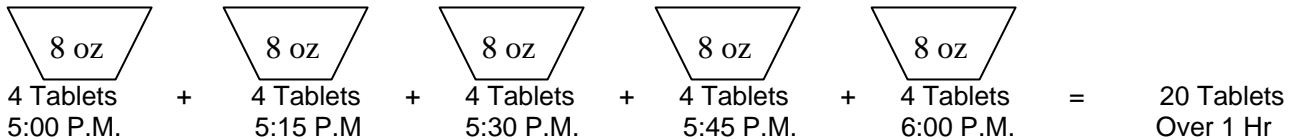
OSMOPREP 32 Tablet Prep Morning Procedures Laxative Prep Instruction

Clear liquid diet on the entire day before the exam. General comments: Clear liquid diet is, a diet that consist only of those foods that are clear and are liquid of liquefy at room temperatures. Samples of such foods are: fat-free broth, bouillon, coffee, tea, strained fruit juices, carbonated beverages and Popsicle's. It is important that during the preparation for this exam adequate amount of fluids be taken. One or two ounces of ml per day are permitted to flavor coffee or tea. It is important to drink adequate fluids throughout the day. **You may not have jell-o of any sort.**
NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE THE EXAM!!

On The Day Before The Exam

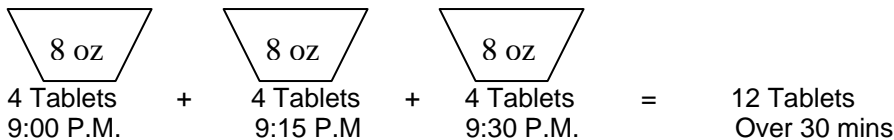
First Dosing Regimen:

Take 4 OsmoPrep Tablets with at least 8 ounces of any clear liquid (water, any clear carbonated beverage, any clear juices) every 15 minutes. **DO NOT EXCEED 20 TABLETS.**



Second Dosing Regimen:

Take 4 OsmoPrep Tablets with at least 8 ounces of any clear liquid (water, any clear carbonated beverage, any clear juices) every 15 minutes. **DO NOT EXCEED 12 TABLETS.**



Medications

- 1) Stop taking Coumadin and iron 7 days before the procedure, if possible. Please consult with your primary care physician to make sure it is OK to stop coumadin. We will check your blood tests the day before the procedure to make sure that your blood is not too thin.
- 2) Please let us know if you are taking any of the following: Aspirin, Plavix, Bufferin, Motrin, Ibuprofen, Advil, Naprosyn, Aleve, Nuprin and Alka-Seltzer.

If you have Diabetes:

- 1) Do not take oral diabetic medication (pills) the day of your exam.
- 2) If Insulin is used at bedtime, take half of your usual dose.
- 3) If Insulin is used twice a day, take half of your morning dose on the day of the exam. You should otherwise take all of your medication as usual the day of the exam.

Please make arrangements for someone to drive you home after the exam. Due to the medication administered to sedate you, you will be unable to drive or take on any responsible tasks for the remainder of the day. The exam WILL NOT BE DONE IF YOU COME BY YOURSELF, VIA BUS, OR TAXI CAB.

Patient Name: _____ Date of Exam: ____/____/____

Time of Exam: _____ A.M / P.M - Arrival Time: _____ A.M / P.M - Facility: _____

You should be ready for discharge approximately 30 minutes after the exam.

There is a possibility that your insurance company may not cover these procedures, we suggest that you contact your carrier prior to the exam to verify

497 10TH ST., SUITE 102
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coverage. All unpaid charges will be the responsibility of the patient.

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