



GASTROENTEROLOGY ASSOCIATES OF BROOKLYN

SUPREP

For any questions regarding your preparation or procedure:

T: 718-336-3900 // F: 718-336-3990

PLEASE BE SURE TO PICK UP YOUR PREPARATION FROM YOUR PHARMACY AT LEAST THREE DAYS BEFORE YOUR PROCEDURE!

You are scheduled for a colonoscopy on date: ____/____/____, Time: _____ AM/PM

The day before your procedure on _____, you will start your preparation.

First Dose: On _____, at **6 PM – 7 PM**, follow steps 1 – 4.

Second Dose: On _____, at **9 PM – 10 PM**, repeat steps 1 – 4.

STEP 1
Pour **ONE (1)** 6-ounce bottle of SUPREP liquid into the mixing container.

STEP 2
Add cool drinking water to the 16-ounce line on the container and mix.
NOTE: Dilute the solution concentrate as directed prior to use.

STEP 3
Drink **ALL** the liquid in the container.

STEP 4
IMPORTANT
You **must** drink two (2) more 16-ounce containers of water over the next 1 hour.

The preparation must be completed as instructed. If your colon is not fully clean there is a possibility that the procedure may need to be repeated. It is important to remain hydrated while preparing for your procedure. Be sure to continue to drink clear liquids while taking your preparation. Hydration is important.

THE MORNING OF THE PROCEDURE _____ **STOP ALL CLEAR LIQUIDS AT** _____ AM.

ASSISTED BY: _____ M.A.