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COLONOSCOPY PREPARATION – OSMO PREP

PATIENT NAME: _____ Chart #: _____

APPOINTMENT LOCATION:

____ Carnegie Hill Endo: 1516 Lexington Avenue (98th Street) NY, NY 10029
Phone :(212) 860-6300

**** You must arrive 45 MINUTES prior to your appointment time to register****

APPOINTMENT DATE: _____ ARRIVAL TIME: _____

PLEASE NOTE:

- Do not take Aspirin one week before the procedure (Please check with your Primary doctor to confirm this).
- Do not take Iron products one week before the procedure.
- Avoid anti-inflammatory drugs (Advil, Motrin, Aleve, etc.) 1 day before the procedure.
- Please call us immediately if you are on Coumadin or Lovenox.
- Tylenol is ok to take up until the day before procedure.

Fill the prescription at the pharmacy: OsmoPrep #32 Tablets

DIET: NO SOLID FOOD ON THE DAY BEFORE YOUR EXAMINATION. YOU MAY TAKE THE FOLLOWING ALL DAY:

ON THE DAY BEFORE COLONOSCOPY:

Drink plenty of clear liquids- water, tea, coffee, broth, jello, fruit juice and carbonated drinks are included. **DO NOT TAKE RED LIQUIDS OR DAIRY.** Nothing should contain seeds or nuts. Drink at least TWO quarts of liquids on the day before procedure.

EVENING BEFORE THE EXAM:

At 6:00 pm, start by taking four (4) **OsmoPrep** tablets every 15 minutes with an 8 oz glass of water each time. Please repeat this 4 more times (6:15 pm, 6:30 pm, 6:45 pm, 7:00 pm) **Total of 20 pills.**

MORNING OF THE EXAM

Four (4) hours before exam, begin taking OsmoPrep. Start by taking 4 tablets at once with 8oz of water. Please repeat this 2 more times every 15 minutes. **You will need twelve (12) tablets total**
*You may have one (1) glass of clear liquid (water, apple juice, and tea with no MILK or sugar) up to 3 hours before the procedure.

NOTHING BY MOUTH THREE (3) hours PRIOR THE PROCEDURE. NOT EVEN WATER

You MUST have someone to accompany you to take you home after the procedure. Do not drive for 8 hours after the procedure.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE AT (212) 369 2490 AND WE WILL BE HAPPY TO HELP YOU.

X _____ Please Sign and return instruction sheet on date of Procedure