



**Gastroenterology, Hepatology, and Endoscopy**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Preparation for Colonoscopy with SUTAB**

You are scheduled for a Colonoscopy on \_\_\_\_\_ at \_\_\_\_\_. You must arrive by \_\_\_\_\_.

Note: You will receive a call the day prior to the procedure to provide you with the appointment time.

**Purchase at the pharmacy:** SUTAB (Prescription required)

**For one week prior to the procedure:** Please do not take any GLP-1 receptor agonists, such as Ozempic, Mounjaro, Rybelsus, Trulicity, Victoza, or Bydureon. Do not take diet pills or use marijuana. Please stop taking SGLT-2 inhibitors (such as Farxiga, Jardiance, or Invokana) three days before the procedure.

**Starting one day prior to the procedure:**

1. Clear liquids diet (all day) from the time you wake up. (Clear liquids that you can take are the following:
2. Clear bouillon, broth or consommé, tea, coffee, Kool-Aid, carbonated soda or water. Do not put any milk or cream in you tea or coffee. Juices including clear cranberry, white grape, and clear apple juice, strained lemonade, limeade, orange drink or any juices that you can see through and has no pulp. Also acceptable is water ices, Italian ices, Popsicles, and you can have jello (NO RED / PURPLE).
3. At 4:00 pm, open first bottle of 12 tablets, fill container with 16 oz. of water. Drink the tablets one at a time with water and then finish any remaining water.
4. One hour after the last tablet drink another 16 oz of water.
5. At 9:00 pm open second bottle of 12 tablets, fill container with 16 oz of water. Drink the tablets one at a time with water and then finish any remaining water.
6. One hour after the last tablet drink another 16 oz. of water..

**On the day of the procedure:**

1. Do not eat or drink anything the day of the procedure, except for medicines approved by your doctor.
2. Take approved medicines with a sip of water only.
3. Please call our office at **(305)-674-5925** if you have any questions.
4. **NO DRIVING:** You cannot drive after the procedure or use a bus or taxi alone. You must be accompanied by an adult. If this procedure is not followed, the hospital or endoscopy center may cancel your appointment.
5. You will not be able to work on the day of the procedure.

**Patient Responsibility:** \_\_\_\_\_

This is an estimated fee for just the doctor's services. You may have additional fees for the facility and lab.

**The location of your procedure is:**

**Mt. Sinai Medical Center**  
Gumenick Building  
(Register on the 1<sup>st</sup> Floor)  
4300 Alton Rd  
Miami Beach, FL 33140  
Phone: (305) 674-2498

**Aventura Hospital**  
(Register on the 1<sup>st</sup> Floor)  
20900 Biscayne Blvd  
Aventura, FL 33180  
Phone: (305) 682-7000

**Surgery Center of Aventura**  
20601 East Dixie Highway  
Suite 400  
Aventura, FL 33180  
Phone: (305) 792-0323

**Baptist Endoscopy Center**  
709 Alton Road, Suite 130  
Miami Beach, FL 33139  
Phone# 786-204-4001