

Patient _____ Doctor _____

Location _____ Arrival Time _____ AM PM

Date of Procedure _____

Please follow the directions exactly as they are listed below.

MEDICATION:

If you normally take the following medications, please contact the prescribing physician to make sure it is okay to stop them for the recommended number of days.* If your prescribing doctor says that it is not okay to stop, please contact our office.

Do not stop aspirin for the procedure.

MEDICATION:

Recommended Days To Stop Prior to Procedure*

• Phentermine	14 days
• Semaglutide- (Ozempic, Wegovy, Rybelsus) • Dulaglutide- (Trulicity) • Exenatide Injection- (Bydureon, Byetta) • Tirzepatide- (Mounjaro, Zepbound)	7 days
• Coumadin • Plavix • Effient • Brilinta	5 days
• Xarelto • Eliquis	2 days
• Liraglutide- (Victoza, Saxenda) • Exenatide Oral- (Bydureon, Byetta)	Stop taking the morning of

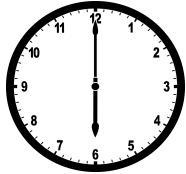
FOUR (4) DAYS BEFORE PROCEDURE:

Discontinue eating any corn or tomatoes, potato chips, nuts, popcorn, or any fruit/vegetable with small seeds in it. Also avoid iron tablets (unless advised by a physician) and oil-based supplements (fish oil, etc.).

ONE (1) DAY BEFORE PROCEDURE:

Start clear liquid diet all day such as broth or bouillon, Jell-O (except red or purple), coffee (black or with sugar, but no creamers, even non-dairy creamers), tea, **clear fruit juice without pulp such as white grape or apple juice and clear soda (Sprite, 7-Up, ginger ale, etc.**). You may also have Gatorade, popsicles (except red or purple) and lemonade without pulp. No milk or milk products. This includes SlimFast, Ensure and protein drinks. Please make sure you drink plenty of clear liquids throughout the day.

Your physician has recommended a **SUTAB** split dose (two-day) regimen. Both 12-tablet bottles are required for a complete prep. On the evening before your procedure at **6:00 pm**, complete steps 1 through 4 using one (1) bottle of 12 tablets.



6:00 pm



SUTAB



Step 1: Open 1 bottle of **SUTAB** tablets.



16 oz.

Step 2: Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 30 to 40 minutes.

If you become uncomfortable, take the tablets and water slower.



Approx. 7:40 pm



Step 3: Approximately 1 hour after the last tablet is swallowed, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.



Approx. 8:40 pm



Step 4: Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces (up to the fill line) and drink the entire amount over 30 minutes.

7 HOURS BEFORE YOUR PROCEDURE: Repeat steps 1 through 4 using the other 12-tablet bottle. You must finish drinking the final glass of water at least 4 hours, or as directed, before your procedure time.

Please Note: Depending on your procedure time, taking the second dose of SUTAB may involve getting up in the middle of the night.

DO NOT EAT OR DRINK ANYTHING ELSE AFTER FINISHING THE FINAL GLASS OF WATER. NO GUM/MINTS/HARD CANDIES/ICE ON THE DAY OF YOUR PROCEDURE.

If you take blood pressure medication, you can take it the morning of your procedure with a sip of water.

Someone at least 18 years of age or older must bring you to the procedure, remain at the facility during your procedure, and take you home afterwards. Otherwise, your procedure will be canceled. If you have any questions, please call 704-377-4009.