

You must call our office to confirm your appointment 48 business hours prior to your procedure at 903-526-3030. **If you do not call to cancel within 48 business hours, you will be charged a \$325 no show fee.** Monday appointments must be canceled by Thursday.

FOLLOW THESE INSTRUCTIONS FOR THE SUTAB COLON PREP

- 1. **Beginning the day before your procedure when you wake up, you may have clear liquids only.** Clear liquids include: beef or chicken broth, jello (**no red**), coffee (**no creamer**), tea, sodas, apple juice, popsicles, gatorade, hard candy, (**no red**) and water. You may not have tomato juice, orange juice, or any dairy products or red dyes.

DO NOT EAT ANY SOLID FOODS THE ENTIRE DAY BEFORE YOUR PROCEDURE

- 2. Starting at noon the day before your procedure, take **4 stool softeners that you purchase.** Starting at **4pm the day before** your procedure **take your first bottle of tablets** according to the Day 1 Dose 1 instructions on the box. At **8pm the night before** your procedure **take your second bottle of tablets** according to the Day 1 Dose 1 instructions on the box.

DO NOT DO DAY 2 DOSE 2

- 3. You may continue to have clear liquids up until 4 hours prior to your procedure. **You may not have anything after this time.**
- 4. **DO NOT USE TOBACCO/NICOTINE PRODUCTS OF ANY KIND FOR 8 HOURS PRIOR TO YOUR PROCEDURE. THIS INCLUDES MARIJUANA OR ANY OTHER ILLEGAL DRUGS.**

You may take any medications that are not listed below. You may also take Tylenol or extra strength Tylenol. **All medications listed below should be stopped 5 days prior to your procedure:**

Aspirin	Plavix	Aggrenox	Ecotrin	Relafen	Dicumarol	Agrylin	Flalan
Trental	Ticlid	Aggrostat	Ibuprofen	Advil	Excedrin	Bextra	Motrin
Feldene	Aleve	Naproxyn	Celebrex	Vioxx	Mobic	Orudis	Voltaren
Lodine	Nalfon	Ansaïd	Anacin	Naprosyn	Oruvail	Toradol	Doan's
Meclamen	Persantine	Daypro	Clinoril	Tolectin	Vitamin E	Pletal	Coumadin
Warfarin	Salsalate	Pradaxa	Xarelto	Dipyridamole	Tylenol Arthritis	Any other "blood thinner"	

***** If taking **PHENTERMINE** this must be stopped **14 days** prior to this procedure *****

***** If taking a semaglutide this **MUST** be stopped 7 day or more prior to your procedure *****

OZEMPIC RYBELSUS WEGOVY SAXENDA MOUNJARO TRULICITY BYETTA VICTOZA

Procedure Date/Check In Time: _____

Olympic Plaza 2nd Floor
Digestive Disease Center
700 Olympic Plaza

**YOUR UPFRONT COST FOR DR FANOUS IS \$ _____
MUST BE PAID BY _____ IF NOT PAID BY THIS
DATE YOU WILL AUTOMATICALLY BE REMOVED FROM THE SCHEDULE.**

You may also receive a bill after your procedure
THIS PRICE DOES NOT INCLUDE
HOSPITAL OR ANESTHESIA CHARGES

YOU WILL REQUIRE A DRIVER. THIS DOES NOT INCLUDE A TAXI.

If you have any questions, please feel free to call 903-526-3030 OPTION 1