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C L I N I C

DOCTOR: _____ PATIENT: _____

DATE OF PROCEDURE: _____ TIME: _____

LOCATION: _____ CHECK IN: _____

****NO SOLID FOOD DAY BEFORE PROCEDURE** **CLEAR LIQUID DIET****

Clear liquid diet the day before the procedure: This can include water, tea, black coffee, clear soda pop, clear juice (apple, white grape juice) Jello (lemon or lime w/o added fruit), bouillon, or popsicles. No solid food allowed. Avoid "Red or Purple" colored liquid.

IT IS VERY IMPORTANT THAT YOU DRINK A FULL 8 OZ OF CLEAR LIQUID WITH EACH DOSE.

DATE: _____ TIME: _____

FIRST DOSE:

Take 4 Osmo Prep tablets every 15 minutes with at least 8oz of clear liquids (follow the clear liquid diet* listed above), until you have taken all 20 tablets. Do not exceed 20 tablets.



4 tablets @ _____
4 tablets @ _____
4 tablets @ _____
4 tablets @ _____
4 tablets @ _____

8 oz of clear liquids include water, clear sodas, apple juice, etc.

DATE: _____ TIME: _____

SECOND DOSE: Take 4 OSMOPREP tablets every 15 minutes with at least 8 oz of clear liquids (follow the clear liquid diet* listed above), until you have taken all 12 tablets. Do not exceed 12 tablets.



4 tablets @ _____
4 tablets @ _____
4 tablets @ _____

8 oz of clear liquids include water, clear sodas, apple juice, etc.

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