Your procedure will be performed by Doctor: _____

Address: _____

Date of procedure: _____ Arrive at: _____ AM/PM

Comments: _____

SUTAB®

(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets

1.479 g/0.225 g/0.188 g

On the Day *Before* Your Procedure

What You **CAN** Do

- You may have low residue breakfast. Low residue foods include eggs, white bread, cottage cheese, yogurt, grits, coffee, and tea.
- You may have clear liquids.

What You **CANNOT** Do

- Do not drink milk or eat or drink anything colored red or purple.
- Do not drink alcohol.
- Do not take other laxatives while taking SUTAB.
- Do not take oral medications within 1 hour of starting each dose of SUTAB.
- If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB.

Liquids That Are **OK** to Drink

- Coffee or tea (no cream or nondairy creamer)
- Fruit juices (without pulp)
- Gelatin desserts (no fruit or topping)
- Water
- Chicken broth
- Clear soda (such as ginger ale)

Note

- SUTAB is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.
- Be sure to tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. SUTAB may affect how other medicines work.
- Medication taken by mouth may not be absorbed properly when taken within 1 hour before the start of each dose of SUTAB.
- The most common adverse reactions after administration of SUTAB were nausea, abdominal distension, vomiting, and upper abdominal pain.
- Contact your healthcare provider if you develop significant vomiting or signs of dehydration after taking SUTAB or if you experience cardiac arrhythmias or seizures.
- If you have any questions about taking SUTAB, call your doctor.

To learn more about this product, call 1-800-874-6756.

The Dosing Regimen

SUTAB is a split-dose (2-day) regimen. A total of 24 tablets is required for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

DOSE 1—On the Day Prior to Colonoscopy

Take the tablets with water

STEP 1 Open 1 bottle of 12 tablets.

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 of water over 15 to 20 minutes.

Tablets not shown actual size.

IMPORTANT: If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

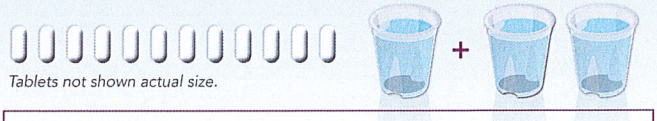
Drink additional water

STEP 3 Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

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

DOSE 2—Day of the Colonoscopy

- Continue to consume only clear liquids until after the colonoscopy.
- The morning of colonoscopy (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1), open the second bottle of 12 tablets.
- Repeat STEP 1 to STEP 4 from Dose 1.



Tablets not shown actual size.

IMPORTANT: You must complete all SUTAB tablets and required water at least 2 hours before colonoscopy.

Please read the full Prescribing Information and Medication Guide in the kit.

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201-123-v1 December 2020

Medical Clinic of Houston, L.L.P.

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Policy for late cancellations and "no-show" patients for Gastroenterology procedures

When we schedule your gastroenterology procedure, we are reserving the physician's time, staff time, anesthesiologist's time, and a procedure room for you and your particular medical needs. If you cancel at the last minute or do not appear for your scheduled procedure, we generally cannot use this time to provide care for another patient.

Effective November 15, 2022, we will charge a $100 fee if you cancel your procedure with notice of less than three business days (72 hours) or if you do not appear for your procedure. We will ask that this fee be paid prior to scheduling any future appointments or procedures with a MCH gastroenterologist. This fee will not be covered by your insurance and will be due from you directly.

It is not our intent to be punitive but, instead, to ensure that (a) you are not compromising your care, and (b) we are able to care for all of the patients who need our care. If we know in advance that there is an opening, we can fill that appointment slot with another patient who has a medical need.

We appreciate your understanding.

Thank you,

David S. Wolf, M.D. | M. Behzad Zafar, M.D. | John T. Dugan, M.D.

By signing below, you acknowledge that you have received and understand this policy

_____ Patient signature

_____ Date

_____ Printed name

For office use only:

Attestation that this information was relayed orally to the patient and that the patient expresesed understanding.

_____ Patient name and DOB

_____ MCH account #

_____ Staff member signature

_____ Date

_____ Witness name/signature

_____ Date