

SURGERY INFORMATION

Your Physician has recommended a procedure that will be scheduled after your insurance benefits are verified and preauthorization is obtained. You will receive a phone call from either the surgical facility or the office to schedule your surgery.

PATIENT NAME: _____

CONTACT PHONE NUMBER: _____ A.M OR P.M _____

Surgical Location will be at the following:

5150 Crenshaw Road, Suite H-100
Pasadena, TX 77505
832-230-0836

PRE-PROCEDURE INSTRUCTIONS

Medications:

3 days before your scheduled procedure, **STOP MEDICATIONS CONTAINING ASPIRIN, IBUPROFEN, AND NAPROXEN.** Additional medications to **STOP: CELEBREX, MELOXICAM (MOBIC), DICLOFENAC**, as well as medications containing **GARLIC, GINKGO & GINSENG. 5 days before your procedure STOP PLAVIX, XARELTO, COUMADIN/WARFARIN, EFFIENT, BRILINTA, TICLID, PLETAL & OTHER PRESCRIPTION BLOOD THINNERS** (if Ok'd by your Cardiologist or prescribing doctor.) **IF YOU DO NOT STOP TAKING ANY OF THESE MEDICATIONS, YOUR PROCEDURE WILL BE CANCELLED.**

You may take your heart/blood pressure medications along with your ORAL diabetic medications the morning of your procedure. (Always check your blood sugar and make adjustments according to your body's individual needs and call our office if you have any questions or concerns regarding your diabetic regimen)

If you are a diabetic patient on insulin, cut your normal insulin dose in half the evening before your procedure and/or in the morning of your procedure

Transportation:

For your safety, a friend or family member will need to drive you home after your procedure. **(Your driver must stay with you. They cannot leave and come back for you, or we WILL reschedule your appointment).**

Do not eat anything solid 4 hours prior to your procedure. (You may have clear liquids i.e. water, apple juice, Jell-O, Gatorade).

Please refrain from eating any "gassy foods" for up to 3 days leading up to your procedure. The gas bubbles may interfere with the x-ray imaging taken during your procedure.

Please bathe and shower the morning of your procedure. This lowers the risk of infection during your procedure.

You will be asked to change into a gown, please wear loose and comfortable clothing.

Bring your I.D., insurance card and form of payment. **(Leave all your jewelry and valuables at home).**

If you are a smoker, please refrain from smoking at least 24 to 48 hours before your procedure to enhance breathing.

If there is a possibility that you are pregnant, please be sure to notify a staff member once you arrive at the facility, in order to collect a urine sample for pregnancy testing.

****THERE WILL BE A \$50.00 FEE ASSESSED FOR "NO SHOW" APPOINTMENTS AND/OR NON-CANCELLATION OF YOUR APPOINTMENT WITHIN 24 HOURS OF SCHEDULED SURGERY.**

Patient Signature _____ Witness Signature _____ DATE _____

Patient Medication Reconciliation

Source of Information: Patient Medication List Patient Recall Clinic Note

Allergies: See label on front of chart

Current meds verified by: _____ Date/Time: _____

Anticoagulation: Yes No Last Dose: _____

Drug Name	Dose	Frequency	Route	Last Taken (if applicable)

PRESCRIPTIONS AT DISCHARGE/REFILLS

Drug Name	Dose	Frequency	Route	Indication

Resume all meds Resume all meds except: _____

Patient given copy to present to next healthcare provider and to carry with them at all times

Discharge RN Date/Time

Discharge Physician Date/Time

Patient Signature Date/Time

Patient Label