

## PRE-PROCEDURE INSTRUCTIONS

Patient Name:	_ Dat	te:
Procedure:		
We are glad that you have chosen Biohealth Pain Management for make your experience as comfortable and pleasant as possible. P discomfort you are having, both before and after your procedure smooth as possible, here are some helpful instructions.	lease commu	unicate to us any pain or
You are scheduled for your procedure on	_ at	AM/PM
Please check in 30 min before your procedure.		
You will report for your procedure at: 3661 Torrance Blvd., Suit 360-0066	e 201, Torra	nce, CA 90503 (424)

## Before Procedure:

- Do not eat or drink at least 8 hours prior to your procedure unless otherwise instructed by your doctor.
- Please have someone drive you home. Your procedure may be cancelled if you do not have a ride home.
- Make arrangements for someone to stay with you for the first night after your procedure.
- Leave all valuables at home (i.e. jewelry, wallets, etc.)

## The Day of Procedure:

- Arrive at the time your doctor has requested.
- You may take your BP, heart, seizure or thyroid medication with a small sip of water, unless otherwise instructed by your doctor.
- If you use an inhaler, bring it with you.
- You may brush your teeth and rinse your mouth. If you wear dentures, leave full dentures in place. Do not use denture adhesive.
- It is fine to shower or bathe.
- Do not wear makeup.
- Bring your insurance cards and any forms your physicians have given you.

\*\*\* Please discontinue any blood thinning medications as follows:

Coumadin (Warfarin) 5 days prior; Aspirin and other NSAIDs 7 days prior; Plavix 10 days prior to the procedure. Please contact your prescribing physician to verify. \*\*\*