

Pre-Procedure Instructions ~ Form 1004

Patient Name:

Last _____ First _____

Procedure: _____

IMPORTANT: Failure to follow these instructions may result in your procedure being postponed or cancelled.

NO . . .

- Eating or drinking 8 hours before procedure.

Yes . . .

- Medications with small sips of water.



Required . . .

- Bring a driver (responsible adult) ~ **NO EXCEPTIONS**
- Take a shower/bath the night before or the morning of your procedure.

Are You . . .	Instructions:
<ul style="list-style-type: none"> Taking Aspirin <u>for your heart</u> each day 1 regular (325mg) or 1 baby (81mg) 	Continue taking
<ul style="list-style-type: none"> Taking Aspirin <u>for any other reason</u> 	STOP taking for <u>5-7</u> days before procedure
<ul style="list-style-type: none"> Taking NSAIDS <i>Motrin, Advil, Naproxen, etc.</i> 	STOP taking <u>1-2</u> days before procedure
<ul style="list-style-type: none"> Taking Blood Thinners* <i>Coumadin, Clopidogrel, Warfarin, Plavix, Aggrenox, Pletal, Fish Oil, etc.</i> 	STOP taking 5-7 days before procedure with PRIOR AUTHORIZATION ONLY , and before appointment set.
<ul style="list-style-type: none"> Diabetic and on Insulin** 	Check sugar level the morning of procedure

Pre-Procedure Instructions given **in person** or by **mail**:

I read these instructions, I understand them and agree that it is my responsibility to follow them.

Patient Signature _____ Date ____/____/____

Staff Initials _____ Date ____/____/____

OFFICE USE ONLY:

Pre-Procedure Instructions given **over the phone**:

I gave the pre-procedure instructions to the above listed patient over the phone.

Staff Initials _____ Date ____/____/____

***Blood Thinner** ~ Prior authorization to withhold blood thinners must be obtained from treating physician before scheduling appointment.

****Diabetic Patients** ~ Morning procedures only.