

Patient Name: _____

Before your Procedure:

- **7 DAYS BEFORE:** Stop taking Aspirin (this includes Excedrin), Fish Oil and Vitamins.
- If you are taking “**Blood Thinners**”, notify the doctor that prescribed these medications to you immediately to make arrangements to hold the medication. These medications should be discontinued **7 days before your procedure**. Some blood thinners include: **Coumadin/Warfarin, Plavix, Ginkbaloba, Aggrenox, Persantine/Dipyridamole, Enoxaparin, Normiflo, Fragmin, Orgaran and Trental**. The blood thinner **Lovenox** should be stopped **18 hours before** your procedure.
- **4 DAYS BEFORE:** Stop taking Anti-Inflammatories. Some anti-inflammatories: **Ibuprofen, Motrin, Aleve, Advil, Mobic, Daypro, Naprosyn, Relafen, Cataflam, Coltaren, Ansaid, Feldine and Lodine**. Do not take **Vitamin E or Multi Vitamins** as well. If you are not sure if you are taking an anti-inflammatory, please call.
- **DO NOT EAT ANYTHING 8 HOURS PRIOR TO YOUR PROCEDURE, INCLUDING DAIRY PRODUCTS! CLEAR LIQUIDS ONLY!!**
- **DO NOT DRINK ANYTHING 4 HOURS BEFORE YOUR PROCEDURE! Exception: DIABETICS** – please contact your medical physician for instructions prior to your procedure. Insulin dosage may need to be adjusted depending on the time of your procedure.
- **PLEASE TAKE YOUR ROUTINE MORNING MEDICATIONS!** These may include blood pressure, heart and thyroid medications. Take them with a **SIP** of water.

**** If you are planning on having sedation, you will need someone to drive you home. A RESPONSIBLE ADULT must be present and remain in the lobby while you are having your procedure and stay with you at home for 12 hours afterwards.**

- Please contact Vanessa at (321) 312-4686 should you have any questions regarding your procedure.
- **ON THE DAY OF YOUR PROCEDURE:** Remember to bring your co-insurance/co-payment with you. Payment is due at check-in on the day of your procedure. Do not wear lotion, perfume or jewelry. The office/surgery staff will not be responsible for lost items. Plan to be at the office for at least 1 hour 15 mins.
- **After your procedure** you may resume normal diet unless otherwise directed.
- **IF YOU WILL NOT BE ABLE TO MAKE YOUR PROCEDURE, PLEASE NOTIFY THE SCHEDULER 24 HOURS IN ADVANCE. FAILURE TO DO SO WILL RESULT IN A \$35.00 “NO SHOW” FEE.**

Please Note: No medication refills will be given on the day of the procedure.

Patient Signature: _____ **Date:** _____