

PATIENT SURGERY INFORMATION SHEET

To our patient, _____ DOB: _____

INSTRUCTIONS

- *No aspirin or non-steroidal anti-inflammatory (Motrin, ibuprofen, Aleve, Advil) Two weeks prior to surgery. You may continue taking Tylenol.*
- *If you are prescribed blood thinners by your physician (including Coumadin, Plavix, warfarin) special arrangements will need to be made with your family doctor prior to surgery.*
- *No St. Johns Wort, Ginko Biloba, Shark Cartilage or Chondroitin.*
- *Do not start new drugs or medications two weeks before surgery without contacting our office.*
- *Remember, nothing to eat or drink after midnight prior to surgery. This includes cough drops, gum, & breath mints.*

YOUR OFFICE APPOINTMENT for preoperative examination with _____ is on:

_____ (Day) _____ (Date) _____ (Time)

YOUR FACILITY preoperative appointment at _____ is on:

_____ (Day) _____ (Date) _____ (Time)

The Facility will let you know at your preoperative appointment when to arrive the day of surgery.

Your **SURGERY** is at: _____

Your **SURGERY** is on: _____ (Day) _____ (Date) _____ (Time) _____ (Arrival Time)

Your Post-Operative appointment is: _____

*Please complete, & mail or bring back to the office before your surgery date.
If you have any questions or need to re-schedule please ask for Kelly*

Responsible Party Signature

Date