

Pre Operative Instructions

1. Your surgery is scheduled at:

Location: _____

Date: _____ Time: To Be Determined

The surgery center will call you the day before surgery to confirm the time you are to arrive.

2. Arrange for transportation and for someone to accompany you. You cannot leave the surgery center alone if you were sedated for the procedure.
3. Patients that have I.V. sedation must not have anything by mouth for eight hours prior to surgery. You may brush your teeth in the morning but you cannot swallow anything.
4. You will be given a prescription for a pain killer (if necessary); fill this prescription prior to surgery.

Feel free to call my office at 312-337-2468 if you have any questions or concerns.

* Patient: Please sign that you have read and understand the above instructions

date

signature