

## **Center for Pain and Headache Medicine**

**Guardian Medical Care** 

## **Pre-Operative Instructions**

For your comfort and safety, please follow these instructions carefully

PROCEDURE:	DATE:	TIME:

## **Preparing for Your Procedure**

1. DO NOT DRINK ALCOHOLIC BEVERAGES 24 hours before your procedure and avoid heavy foods.

2. Shower or take a bath with antibacterial soap daily for 7 days prior to your procedure.

3. Please discuss any blood thinners or anticoagulant therapy with your doctor before your procedure. For example: Aspirin, Plavix, Coumadin, Warfarin, Fish Oil. You must consult with your prescribing physician for appropriate directions BEFORE stopping this medication.

4. Notify the office if you have any scheduled upcoming surgeries, or any had any recent injury or surgery.

6. Notify the office if you are on antibiotics.

7. Notify the office if you have any health concern come up or medications changes.

## Day of Procedure Preparations

1. Shower with antibacterial soap prior to your procedure.

2. You may have a light meal before the procedure.

3. Arrive thirty (30) minutes before your scheduled appointment time. Patients that arrive late may have the procedure canceled.

4. Please wear comfortable, elastic clothing.

- Avoid dresses if possible, No wired bras if possible,
- If you are getting a neck injection then please have your hair up,
- Use eye glasses instead of contact lenses.

5. DO NOT SMOKE.

6. Remove any jewelry, piercings, and contact lenses.

7. Do not bring anything of value.

- 8. Bring the following items with you to the procedure
  - Your glasses, including the case
  - A list of medication you are currently taking, including frequency and dosage
  - The names and phone numbers of two (2) emergency contacts
  - Your picture ID, insurance card, and form of payment if necessary

9. Notify the office if you may have a cold, fever, or infection.

**PREGNANT WOMEN** cannot receive anesthesia or x-rays unless the benefit will outweigh the risk. If a chance of pregnancy exists, then a negative pregnancy test must be obtained prior to the day of surgery or your case will need to be canceled.

\*\*If for any reason you need to reschedule and/or cancel your procedure please contact the office directly; cancellation/no show fees may apply\*\*

Patient Signature	Patient Printed	Patient Printed Name			
Or person legally author	rized to sign for the above-mention	ned patient:			
Signature	Printed Name	Relationship	Date		
Center for Pain and Headache Medicine PH: 912-324-4080, FAX 912-324-4097					