

PRE-ADMISSION INSTRUCTIONS

Phone interview completed Message left with instructions Pre-op visit completed

THE FOLLOWING INSTRUCTIONS ARE FOR YOUR SAFETY. PLEASE ADHERE TO THEM.

1. **DO NOT EAT OR DRINK** any food or liquids (including, water, candy, lozenges, or chewing gum) after midnight the night before surgery - or as your doctor orders.
2. **TAKE THESE MEDICATIONS** with as little water (only) as possible in order to swallow the pill.

3. **DO BRING INHALERS** with you if you have asthma or emphysema.
4. **IF YOU TAKE INSULIN**, bring your bottle of insulin and syringes with you.
5. **DO NOT TAKE ANY MEDICATIONS CONTAINING ASPIRIN OR IBUPROFEN** for the week previous to surgery, unless otherwise directed by your physician.
6. **SHOWER AND WASH YOUR HAIR** the night before surgery.
7. Please wear loose, comfortable and warm clothing. If you have cotton underwear, please wear on day of surgery. A surgical facility is always kept at a cooler temperature than your home. You will wear a patient gown provided by the surgery center.
8. **VALUABLES** including, jewelry, wigs, and contact lenses should be left at home. We cannot be responsible for their safety.
9. **COSMETICS** should be minimal or not worn at all.
10. **CONSENT FORMS** - your signature will be required in accordance to your particular surgery. Please read carefully and be sure to clarify any questions you may have.
11. **A RESPONSIBLE ADULT** must accompany you to the Surgery Center and be available to both drive you home and assist you through the night.
12. **ILLNESS**, in case of an obvious respiratory infection (cold) or other acute illness within one week prior to surgery, please contact your physician.

13. **BE HERE ON** _____ **AT** _____

ADDITIONAL INSTRUCTIONS: _____

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I have received and understand the above instructions as a surgical guest of Central Florida Surgi Center and have been informed that surgery must be cancelled if I eat or drink anything after midnight prior to surgery.

Name: _____

Acct #: _____

DOB: _____

Sex: _____

Age: _____

Doctor: _____

DOS: _____

Signature

Date

Witness