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Your surgery is scheduled on: _____

Hospital:

Pre-Operative Instructions:

You will have a pre-testing appointment prior to your surgery date. This will include a history & physical, an anesthesia evaluation and any blood work that may be necessary.

Your pre-testing appointment is scheduled for: _____ at: _____.

If you have a cardiac problem, please make sure that you bring a medical clearance letter from your cardiologist to your pre-testing appointment.

The hospital will notify you the day before your surgery with instructions on what time you should arrive at the hospital for your surgery.

Please discontinue taking aspirin, ibuprofen, Advil, Naprosyn, and anti-platelet agents two weeks prior to surgery.

If you are taking Coumadin or Plavix, please discontinue taking 10 days prior to surgery. Please inform your medical doctor.

IMPORTANT:

The evening before surgery: **DO NOT eat or drink anything after midnight.**

Please bring **all** x-rays, MRI films, Cat Scan films with you to the hospital on the day of surgery.

Make sure you have a ride home after you surgery. Most of the time, you will be kept in the hospital one overnight. Only under extenuating circumstances will your stay be extended.