

1240 Jesse Jewell Pkwy. Suite 250 Gainesville, Georgia 30501 770-287-1299

PRE-OP INTERVIEW:

DAY OF PROCEDURE PLEASE BRING: PICTURE I.D., INSURANCE CARD, CURRENT MEDICATION LIST

- Nothing by mouth after midnight. This is very important for your safety.
 This includes gum, candy, mints, and tobacco products.
 - Wear comfortable clothing something easy to change in and out of.
 - You may shower and brush your teeth the day of surgery.
 - You may wear deodorant, but no heavy perfumes or lotions.
 - Please wear no jewelry or bring any valuables with you.
 - You must have a ride, _____ that person will have to stay with you at the surgical center during the procedure. They cannot drop you off and pick you up.
 - Please take any of your blood pressure, heart medications, reflux medications, and pain medications the morning of your procedure with a small sip of water.
 - If you take diabetes medications, please hold your morning dose.
 - Please bring any inhalers with you or oxygen tanks if you wear oxygen.

What to expect the morning of your procedure:

- You will arrive at the surgical center and check in at the front desk.
- You will be asked for a urine specimen when you arrive.
- You will be brought back to the pre-op area.
- You will be shown to a bed and asked to undress completely, you will be allowed to keep on your socks.
- Your IV will be started and vital signs will be taken.
- Once your pre-op is completed, your family member will be allowed back to wait with you until your procedure.

| | ly allowing the patient into the ne in the facility. Doctor/nurse finished ** | | |
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| **We will be contacting y | ou the afternoon before surg | gery with the | time of your procedure** |
| Patient signature | | Date | |
| Telephone/personally reviewed | d with patient/family | on | by |
| A.MP.M. | Payments PC: | ASC: | Anesthesia: |