PRE-OPERATIVE INSTRUCTIONS

1. Arrange for an a	dult to drive you home aft	er the procedure.	
2. Have your lab we	ork done within 7 days of	the procedure.	
3. Stop smoking 30	days prior to your proced	ure.	
4. Shower with ant area of operation.	ibacterial soap the night b	efore and morning of your	prescription with attention to the
	 Advil 	 Ticlid 	
	 Naprosyn (naproxen 	• Aleve	
•	your blood thinners like I	• •	he procedure. If you have questions a, etc., ask your provider and/or
	ž ,		u may take your regular medications or 8 hours prior to your surgery.
8. If you are diabet	ic and on insulin, check w	th your primary care phys	ician about your insulin use.
9. For any question	s or concerns, do not hesi	tate to call the office at 707	7-252-9660.
10. Additional inst	ructions:		
Patient Signature		Provider Signature	Date