PRE-PROCEDURE INSTRUCTIONS

1. Arrange for an adu	lt to drive you home af	fter the proce	dure.	
			DICATIONS for at least 7 mplication. These medication	
	aspirin	•	Relafen (nabumetone)	
• ecotrin		 Voltaren (diclofenac) 		
•	bufferin	•	Lodine	
•	ibuprofen	•	Cataflam	
•	Motrin	•	Feldene	
•	Advil	•	Ticlid	
•	Naprosyn (naproxen	•	Aleve	
regarding stopping yo your primary care phy	our blood thinners like vsician.	Plavix, Cour	days prior to the procedure nadin, Pradaxa, etc., ask you re although you may take yo	ur provider and/or
with small sips of wat	2 .	our procedur	e arthough you may take yo	our regular medications
5. If you are diabetic a	and on insulin, check v	vith your pri	nary care physician about y	our insulin use.
			ort at the injection site. The at a time, 3-5 times a day fo	
7. After the procedure	e, take your pain medio	cation and re	gular medication as directe	d by prescription.
8. Prescription refills renewals/appointment	· ·	ay of your pro	ocedure. Please call the offic	ce in advance for
9. For any questions of	or concerns, do not hes	itate to call t	he office at 707-252-9660.	
10. Additional instruc	ctions:			
Patient Signature		Provider Sig	gnature	Date