PRE-OPERATIVE INSTRUCTIONS

1. Arrange for an adult to drive you home after the procedure.

2. Have your lab work done within 7 days of	f the procedure.	
3. Stop smoking 30 days prior to your procedu	ure.	
4. Shower with antibacterial soap the night larea of operation.	before and morning of your procedu	re with attention to the
You must stop taking any BLOOD THINN the procedure. This limits the chance of a bl		
 aspirin ecotrin bufferin ibuprofen Motrin Advil Naprosyn (naproxen 	 Relafen (nabumetone) Voltaren (diclofenac) Lodine Cataflam Feldene Ticlid Aleve 	
1. You should stop Plavix, Coumadin, Prada regarding stopping your blood thinners like your primary care physician.	·	
2. Do not eat or drink for 6 hours prior to you with small sips of water. If you are diabetic,		
3. If you are diabetic and on insulin, check v	with your primary care physician abo	ut your insulin use.
4. For any questions or concerns, do not hes	sitate to call the office at 707-252-960	60.
5. Additional instructions:		
Patient Signature	Provider Signature	Date