



PRE-PROCEDURE INSTRUCTIONS

Thank you for choosing the Freeman Spine & Pain Institute for your medical needs, to better serve you, we are providing these instructions for you to follow prior to your procedure.

If you are to be sedated for your procedure, we advise you:

- **DO NOT** eat or drink anything **8 hours** prior to procedure (this includes chewing gum).

If you are not being sedated then you are permitted to:

- Eat a light meal prior to your procedure.

We further advise you that in either case you should:

- **Contact us immediately** if you should become ill at any time before the procedure, including rashes, vomiting, fever, diarrhea or if you are prescribed any antibiotic medication.
- **Continue taking** any heart, blood pressure, cholesterol or oral diabetic medicine. **Please remember if you are being sedated take your medication with only a small sip of water the morning of the procedure.**
- If you are an **INSULIN DEPENDENT DIABETIC**, please remember to take your insulin as directed by your endocrinologist or primary care physician, **FURTHER** we suggest you contact their office to receive directions for the day of your procedure on how and when your insulin should be taken.
- You should contact our office **IMMEDIATELY** if you are on any **BLOOD THINNING** agents such as **COUMADIN, PLAVIX, PRADAXA, XARELTO, BRILINTA, PLETAL, EFFIENT OR AGGRENOX**. We need to know so that we can consult with your primary care physician or cardiologist, to adjust your medication safely before the procedure. If you are on Coumadin you will need to get a blood test (PT/INR) prior to procedure.
- **DO NOT TAKE** any aspirin or products that contain aspirin for _____ days prior to the procedure. **Items containing aspirin include, but are not limited to Ecotrin, Anacin, and Excedrin etc.**
- **DO NOT TAKE** any anti-inflammatory medicine for _____ days prior to procedure. Common anti-inflammatory medicines include **Ibuprofen (Motrin/Advil), Celebrex, Naprosyn, Aleve, Mobic, Arthrotec, Vimovo/Diclofenac, Relafen/Nabumetone or Daypro/Oxazaprosin.**
- **DO NOT TAKE** vitamins or supplements of any type for _____ days before the procedure. This includes Omega3 Fish Oil, Ginkgo, and Vitamin E.

We have formulated this treatment plan to help you with your pain condition. Also we would like your procedure to be as successful, and effective as possible, so we ask that you work with us by following the above guidelines.

LASTLY, YOU MUST HAVE TRANSPORTATION HOME. YOU CANNOT DRIVE YOURSELF, REGARDLESS IF HAVING SEDATION OR LOCAL. ADULT SIGNATURE REQUIRED.

PATIENT NAME: _____

DATE OF PROCEDURE: _____ TIME: _____

PROCEDURE LOCATION: _____

FOLLOW UP VISIT: _____ TIME: _____

TYPE OF PROCEDURE: _____

Patient Signature: _____ Date: _____

We have formulated this treatment plan to help you with your pain condition. Also we would like your procedure to be as successful, and effective as possible, so we ask that you work with us by following the above guidelines.

Kindly give 24 hours notice for all cancelled appointments as a fee in the amount of \$150.00 will be charged for appointments not cancelled within 24 hours. Please contact EXT 5147 OR 5148 for questions or concerns regarding your procedure.