EXHIBIT D
24
CR08 - 10049

INTERFAITH MEDICAL CENTER
PODIATRY DEPARTMENT
1545 ATLANTIC AVE.
BROOKLYN, NY 11213

NOTE: **THE FOLLOWING REQUIREMENTS ARE EXTREMELY IMPORTANT AND ARE INTENDED FOR YOUR SAFETY. PLEASE READ AND FOLLOW THESE INSTRUCTION.**

1. Do not eat or drink any food or liquids (including water) after midnight on the night prior to your surgery, or as your doctor has ordered. **NO ASPRIN or ANTI-INFLAMMATORY DRUGS 10 days prior to your surgery. PLEASE CONTINUE YOUR COX II INHIBITORS (ex. Celebrex, Bextra). If you are not taking a COX II NSAID (ex. Celebrex, Bextra) please call your doctor for a 30 day prescription and instructions at least 5 days prior to your surgery.** If you take certain medications because of your medical condition, please consult your doctor before you omit taking your medication. No smoking after 12 midnight.

2. Medication: Take your blood pressure medication the day of surgery with a sip of water.

3. Clothing: Dressing rooms are available. It is suggested that you wear loose fitting clothing.

4. Valuables: Money and jewelry should be left at home. The Ambulatory Surgery Unit cannot be held responsible for lost or misplaced valuables.

5. Cosmetics: Cosmetics should not be applied, especially eye make-up. Fingernail polish should be removed. Contact lenses and wigs should be left at home.

6. Consent Form: Your signature will be required on consent form in accordance with your type of procedure.

7. You are to be accompanied by an adult when you arrive. Please arrange to have an adult, relative or friend, come for you at the time of discharge. Your escort may call (718) 613-4862 to inquire if you are ready.

8. In case of an obvious respiratory infection (cold) or any other illness within one week prior to surgery, please notify your physician for treatment or referral.

9. **Pre-Surgical Testing:** Blood Tests, X-rays, and Clearance: **Date**_____ **Time**_____
   Located at 1545 Atlantic Ave. on 1st floor (across from gift shop)
   - Please bring a list of the medications you take daily
   - Please bring your insurance information

10. On the day of surgery, please come to the Pre-Admission Center on the 1st Floor. The phone number is (718) 613-4130. Your time of arrival will be:

Surgical Day: _____, **at** _____,
Surgeon_____
Date Time

11. I have read and understand the instructions given.

Patient_____ Medical
Witness_____
Date_____
Date_____

- **Any questions please call (718) 613-4114, ask for podiatry resident on call**