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PRE-OPERATIVE SURGERY INSTRUCTIONS

PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS, AND CALL YOUR DOCTOR IF YOU HAVE ANY QUESTIONS

Please report to _____ at _____ Hospital
_____ PM/AM on day _____ 200 _____ for _____

Do not eat or drink anything after midnight the night before surgery. This includes gum, candy, water, coffee, or as directed by doctor.

No alcoholic beverages or cigarettes 48 Hours before surgery.

Please take a shower or bath the night before or morning of surgery.

Wear loose comfortable clothing and low heels so you can get easily dressed to go home.

Stop taking all aspirin and anti-inflammatory products (e.g. Motrin, Ibuprofen, Naprosyn, etc.) at least 7 days before surgery.

Do not bring money or any valuables to the hospital.

If you wear contact lenses/glasses and/or a hearing aid(s), please bring their cases for safekeeping.

Do not wear any jewelry, make-up, or nail polish to the hospital.

If you have been given any paperwork by your doctor, please bring them with you on the day of surgery (Medical Evaluation, History/Physical, Doctor's Order, Laboratory Results, EKG results, X-Rays, Consent, etc.).

If you need to take medication the morning of surgery take it with a sip of water.

Take the following medications as directed:

Bextra™ 10mg

Bextra™ 20mg

QD

BID

Celebrex™ 200mg

QD

BID

Other special instructions _____

Important: Before surgery, report any changes in your health to your surgeon immediately. This includes one or more of the following symptoms (e.g. nausea, sore throat, swelling, fever, cough, infections, pain, etc.).

Important for surgery: After your surgery a friend or family member 18 years old or older must bring you home. If you do not have a responsible adult to bring you home following surgery, your surgery will be cancelled.

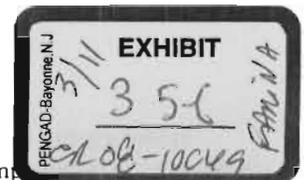
If you need any advice, please call:

Contacts: Dr. Saphire 646-522-8689

If necessary, you may report at any time, 24-Hours-A-Day, to the Emergency Department, and you will be taken care of at once.

Additional Advice from your doctor:

You are scheduled to see your doctor: At: _____ am / pm
On: _____, 20____



Exempt Treatment Requested