



Pre-Operative Instructions

Phone 949 855-0562 Fax 949 855-0564

Please bring this form with you on the day of your surgery.

Please arrive at **Laguna Hills Surgery Center** on: _____ at _____.

1. Please do not eat or drink anything after midnight the night before surgery. Do not smoke, chew gum or eat mints. You may brush your teeth the morning of surgery, but **do not** swallow any water.
2. Please take any medications that you normally take in the morning, **unless instructed otherwise**. If you normally take your medication(s) in the evening, please take as usual. If you take Insulin, Coumadin or Plavix you must speak to the anesthesiologist at the surgery center 24 hours prior to your scheduled surgery.
3. Please wear comfortable, loose fitting clothing (something easy to get off and on).
4. Please **do not** wear jewelry, makeup or lotions. Leave all valuables **at home**. If you wear dentures, partials, contacts or hearing aids, please bring a container to put them in.
5. Take a shower or bath the morning of surgery.
6. **Do not** drink alcohol 24 hours before surgery.
7. PLEASE BE ABSOLUTELY SURE you have someone to drive you home after your procedure. You **will not** be able to drive for 24 hours after surgery. You should have someone **stay with you** for 24 hours after surgery. Home care taker _____ Driver _____
8. Patients under the age of 18 **MUST** be accompanied by a parent or legal guardian that must remain at the Surgery Center until the patient is discharged.
9. PCP _____ Phone _____
Labs _____
10. Other: _____

✓ If your physical condition changes **in any way** (for example: you develop a fever, cold, cough, flu, chest pain or **any change** in the condition for which you are having surgery),

PLEASE NOTIFY YOUR SURGEON AS SOON AS POSSIBLE.

✓ If you need to cancel your surgery, for any reason,

PLEASE NOTIFY YOUR SURGEON AS SOON AS POSSIBLE.

Patient Signature: _____ Spoke With: _____ RN