INSTRUCTIONS BEFORE SURGERY

THE SURGICENTER DOES NOT OPEN UNTIL 6:00 AM

A NURSE WILL CALL YOU 24-48 HOURS BEFORE YOUR SURGICAL DATE WITH YOUR ARRIVAL TIME. PLEASE CALL THE SURGICENTER IF YOU HAVE NOT RECEIVED YOUR ARRIVAL TIME BY THE MORNING BEFORE YOUR SURGERY (516 877 2400). PLEASE CALL AFTER 9:00 AM.

Please Note: Monday Patients will receive Preop call on Thursday before surgical day and Tuesday Patients will receive Preop call on Friday before surgical day.

DO NOT:

• APPLY ANY FACIAL (including blush) OR EYE MAKEUP
• Eat or drink anything on the day of your surgery unless instructed to do so by the nurse when you receive your pre-operative phone call 2 days before your surgery.
• Wear any jewelry
• Wear any body piercing jewelry.
• Wear high heels
• Take any medications unless instructed by the nurse.
• Wear contact lenses
• Wear a hearing aide on the side of your surgery

DO:

• Read your Medicare Required Notifications pamphlet.
• Start your pre-operative eye drops as instructed by your surgeon. Call your surgeon if you have any questions concerning pre-operative eye drops.
• See your medical doctor within 10 days of your surgery for your medical clearance and EKG.
• Notify your surgeon if you are on blood thinners or homeopathic medications.
• Bring insurance cards and Photo ID.
• Have one responsible escort with you at registration and discharge from the surgicenter or your surgery will be cancelled.
• Shower or bathe before surgery
• Wear flat shoes and loose fitting clothing (button down shirt preferred)
• Arrive at the surgicenter at the time given to you by the nurse when you receive your pre-operative phone call
• Bring a copy of your Health Care Proxy or living will
• Bring a Power of Attorney or legal guardianship papers if you are signing consent for a family member who cannot sign for themselves or the surgery will be cancelled.
• NOTIFY YOUR SURGEON IF YOU NOW TAKE OR HAVE EVER TAKEN FLOMAX.

AFTER YOUR SURGERY:

• Follow your post operative instructions, which will include the day and time of your follow up visit with your surgeon.

I have read and understand the above instructions ___________________________ Patient/Guardian ___________________________ Date

COMPLIMENTARY VALET PARKING IS PROVIDED.