

PREPROCEDURE CHECKLIST

Appointment Date & Time _____

I Mr. / Ms. _____ have received the pre-procedure patient information sheet. I have read the instructions carefully and understand the content. If I should have any questions regarding this procedure I will call the clinic during the regular working hours. I understand that I will give 48 business hours notice before canceling a scheduled appointment, \$200.00 for procedure cancellation. I understand that this is to cover administration and operational cost. Exception to this will be at the discretion of the administration. I understand that these charges are not reimbursed by the insurance and that I will be responsible for those charges.

- No jewelry or dentures (the metal will interfere with the procedure).
- Bring a driver.
- Do not eat or drink six hours before the procedure. You may have clear fluid up to 2 hours prior to the procedure.
- Type I Diabetic patients:** TAKE ½ of your INSULIN the morning of your procedure. Please bring the remainder of the insulin with you to the appointment. DO NOT TAKE DIABETES MEDICATION ON THE DAY OF PROCEDURE. TAKE THE MEDICATION THE NIGHT BEFORE AS USUAL. Please bring medication with you to the appointment.
- Type II Diabetic patients:** DO NOT TAKE INSULIN the morning of your procedure. Please bring the insulin with you to the appointment. DO NOT TAKE DIABETES MEDICATION ON THE DAY OF PROCEDURE. Please bring medication with you to the appointment.
- Anticoagulants: No Coumadin, Tyclid, Plavix, Regular Aspirin or other anticoagulants (blood thinners) 5 days before all procedures **EXCEPT** facet joint injections and medial branch blocks. (Please consult your cardiologist or primary care physician before discontinuing these medications and obtain approval for discontinuing these medications.)
- No Ibuprofen, Naproxen, Aleve, and other anti-inflammatory medications 24 hours before the procedure.
- Baby Aspirin and Celebrex are OK to take before procedure.
- PLEASE TAKE YOUR BLOOD PRESSURE AND HEART MEDICINE WITH SIP OF WATER IN THE MORNING ON THE DAY OF PROCEDURE.
- No **flu nasal mist** within 7 days prior to the procedure and 3 weeks after the procedure. A flu shot is OK.
- Chance of pregnancy (*women of child bearing age*)? Yes / No Comments: _____
- Explained and understand the Cancellation and No Show policy.

Any history of the following?

- HISTORY OF ANY KIND OF INFECTION IN LAST 2-3 WEEKS OR AT PRESENT If “**yes**” please inform MD as soon as possible.
- CONGESTIVE HEART FAILURE OR COPD
- Heart valve disease
- Multiple myeloma
- History of any organ removal
- Receiving Nephrotoxic drugs
- Severe Hypothyroidism
- Malignant Hyperthermia

A pain diary will be issued to you with a follow up appointment or procedure on the bottom. Please bring it with you to your next appointment.

Signature of Patient/Date

Signature of Witness /Date