

PROCEDURE REMINDER

Integrative Pain Center of Alaska, LLC

Patient: _____ Date of Birth: _____

Provider: _____ Contact Number - day of procedure: _____

Your case may be moved up during the day and we need to be able to contact you.

Procedure: _____

Date: _____ Check In Time : _____

Allergies: _____ Does Pt have any implantable devices? (pacemaker, SCS) _____

*******NOTHING TO EAT FOR 6 HOURS PRIOR TO CHECK IN TIME*******

*******PLEASE DRINK CLEAR LIQUIDS UP TO 2 HOURS PRIOR TO CHECK IN TIME*******

Diabetic, DO NOT TAKE MORNING DOSE OF METFORMIN, take other medications as prescribed and bring a snack with you for after procedure. Check your blood sugar the morning of the procedure. Bring your blood sugar monitoring equipment with you.

When you take medications, take with small sips of water.

Is the patient on blood thinners? _____ Yes _____ No

Must be off all blood thinners _____ prior to any procedures with prescribing physicians written approval and INR done the day before procedure.

Additional Information:

- Arrange for someone to transport you to and from the procedure. You cannot take a taxi, vantran, or bus. A responsible adult will need to escort you home. **There are no exceptions to this rule.**
- No dental work, body piercing, or tattoos two weeks prior to any procedure.
- **IF YOU HAVE TAKEN ANTIBIOTICS FOR ANY REASON WITHIN THE LAST 2 WEEKS OF YOUR PROCEDURE, PLEASE NOTIFY OUR STAFF AND/OR YOUR DOCTOR.**
- If you have a burn, cut, rash or open sore or injury of any kind, inform the doctor or nurse prior to your procedure.
- Wear comfortable clothing to the procedure. Do not bring/wear jewelry or apply lotions or perfumes. Do not bring any valuables ,money, credit cards, or other valuable items.)
- Bathe thoroughly with soap and water the evening before and the morning of your procedure.
- Other Instructions:

- All co-insurance will be due at the time of service.

Reviewed by: _____ Patient: _____ Date: _____