



## PREOPERATIVE REMINDERS

Date of Surgery: \_\_\_\_\_

Time of Surgery: the hospital will call the night before surgery

Facility: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Surgeon: Marian P. McDonald, M.D.

Medications: \_\_\_\_\_

**DO NOT TAKE ANY ASPIRIN OR IBUPROFEN FOR FIVE (5) DAYS PRIOR TO SURGERY. YOU MAY TAKE TYLENOL OR EXTRA STRENGTH TYLENOL, IF NEEDED. MEDICATIONS FOR HEART OR BREATHING PROBLEMS MAY BE TAKEN THE MORNING OF SURGERY, PRIOR TO 8:00 AM.**

**ASPIRIN:** If you are taking an ASPIRIN a day, please check with your cardiologist to make sure it is okay to discontinue the aspirin for five days prior to surgery.

**COUMADIN:** If you are taking COUMADIN, please **STOP YOUR COUMADIN** four days prior to surgery.

**INSULIN:** If you are taking INSULIN, please check with the doctor regulating your dosage to see how your insulin should be taken the day of your surgery.

**ILLNESS BEFORE SURGERY:** If you develop a head or chest cold accompanied by fever or congestion, your surgery may need to be postponed due to the effects of anesthesia. Please consult your family doctor or call our office if you think you are developing a cold or have cold symptoms prior to surgery.

### **WHEN TO STOP EATING BEFORE SURGERY:**

**AM SURGERY:** Nothing to eat or drink after midnight, including water. Any medication for your heart or breathing problem may be taken the morning of surgery with a sip of water.

**PM SURGERY:** Nothing to eat after midnight. Before 8:00 AM you may have clear liquids (coffee or tea with sugar/**no** milk. Clear soda, clear juices, but no tomato or orange juice, no nectars. You may have clear Jell-O).

**CHECK WITH YOUR INSURANCE/ PRECERTIFICATION AND SECOND OPINION:** Insurance coverage for surgery can be very confusing. It is up to the patient to check with his/her insurance company to see if any precertification or second opinion is necessary. Or staff will be happy to contact your carrier to precertify your surgery. Ultimately, it is the responsibility of the patient to be certain the precertification and second opinion requirements have been satisfied. Precertification and second opinion requirements determine the payment made by the insurance carrier for your surgery. We do not want you to be penalized with a large patient balance after your surgery due to the requirements of the insurance company not being met.

**REFERRALS:** If your insurance plan requires a referral, it must be present in our office the day we schedule your surgery. It is necessary for precertification purposes to have a current referral in your chart. If a referral is not on file and we do not receive the referral 5 days prior to your surgery, your surgery may be canceled. The referral for the hospital may be taken with you the day of surgery.

**QUESTIONS REGARDING SURGERY:** If you have any questions regarding your surgery, please do not hesitate to call our office at (610) 776-5025.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date