

PRE-PROCEDURE INSTRUCTIONS

LOCATION:

- All injections are performed at the **West Linn Office:**
 - 2020 8th AVENUE STE. 200, WEST LINN, OR 97068. PHONE 503-512-1212

PREPARATION:

- **Do not eat solid foods 3 hours prior to your procedure.**
- Patient's receive IV sedation, **DO NOT eat anything 8 hours prior to your procedure.**
- **You may drink clear liquids** (water, apple juice, clear Gatorade, etc) **up to 2 hours prior** to the procedure
- You are advised to have a **driver present for all procedures.**
- **IF your provider orders your procedure with oral or IV sedation you must have a driver physically present with you. The procedure will not begin unless the person is present. They MUST wait in the waiting room during the procedure.**
- Please advise our office if you are **taking any blood thinning medications** such as Aspirin, Plavix, Coumadin/Warfarin, Lovenox, Xarelto, Eliquis, or Pradaxa. The risk of bleeding can be higher while on these medications.
- You must be off **antibiotics for 2 weeks prior to any procedure performed** in our office. If you are currently taking antibiotics for an infection, or have completed a course of antibiotics but it has been less than 2 weeks, please let our office know.
- Patient's with diabetes; please discuss with your diabetes doctor for instructions regarding diabetic medications for the day of the procedure.
- You may take all other medications as prescribed by your physicians (unless notified otherwise) the day of your procedure with small sips of water.
- Please take a **shower or bath the morning of your procedure.** This has been shown to decrease the risk of infection from the procedure.
- **Please do not wear any lotion or cream** the day of your procedure as it can interfere with the procedure itself.
- For your safety, please **remove all jewelry** and discuss any body piercings with the physician prior to your procedure.
- Be prepared to change into a gown as instructed by the nurse/physician.

- Please inform your physician before your procedure if you have symptoms such as a fever/ infection, elevated blood sugar, chest pain, shortness of breath, or any other concerning symptoms.

PATIENT SIGNATURE: _____

DATE: _____