

DAY OF SURGERY INSTRUCTIONS



PATIENT NAME _____

DATE OF SURGERY _____ TIME _____ AM / PM

ON THE DAY OF THE SURGERY...

- Confirm that you have completed all consents prior to day of surgery.
- DO NOT EAT OR DRINK ANYTHING FOR 12 HOURS PRIOR TO THE SURGERY.
- DO NOT PUT MAKE UP OR NAIL POLISH ON THE DAY OF THE SURGERY.
- WEAR COMFORTABLE CLOTHES.
- NEED TO ARRANGE A RIDE AND A CARETAKER BEFORE THE SURGERY. IF YOU DON'T HAVE ANYONE, PLEASE LET US KNOW.
- PREPARE THE PRESCRIBED MEDICINES BEFORE THE SURGERY. START TAKING THE MEDICINES AFTER THE SURGERY AS DIRECTED AFTER MEAL.