



**Clinic/Mailing Address:**  
 1344 Hiland Ave, Suite A  
 Burley, ID 83318  
 Office: (208) 678-7246  
 Fax: (208) 678-5833

**Ambulatory Surgery Center of Burley:**  
 1344 Hiland Ave, Suite E  
 Burley, ID 83318  
 Phone: (208) 677-8888  
 Fax: (208) 678-5833

## Pre-procedure Instructions

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

Please initial next to each line to acknowledge that you have read and understand each item.

### Medications/Fasting

\_\_\_\_\_ Do not eat any solid foods **8 hours** prior to the procedure. You may drink clear liquids up to **2 hours** prior to your appointment. **Clear liquids include:** Water, fruit juice without pulp, punch, soda including colas, sports drinks, hard candy, gelatin, tea or coffee without milk or cream, and both.

\_\_\_\_\_ If you take any **aspirin, aspirin products, Bayer, Excedrin, NSAIDS, ibuprofen, Motrin, Advil, Aleve, Naprosyn, Ascripton, or Ecotrin, STOP** \_\_\_\_\_ **days** prior to your procedure.  
Medication

\_\_\_\_\_ If clearance by your prescribing physician is required prior to the procedure, **do not hold your blood thinner until notified by nurse.**

- **Medication** \_\_\_\_\_
- **Prescribing Physician** \_\_\_\_\_

### Transportation

\_\_\_\_\_ If you have sedation with your procedure, you cannot drive for **24 hours**. You will need a responsible Adult to drive you home after your procedure. For your safety, we will not permit you to leave alone.

\_\_\_\_\_ A driving is preferred after any spinal injection, even without sedation. However, if you are driving yourself home, please inform your provider as the procedure will likely need to be modified.

### Illness

\_\_\_\_\_ If you have any symptoms of a cold, sore throat, fever, flu, rash or are taking antibiotics, please call to reschedule. You will need to postpone your procedure until you are well.

### Wash

\_\_\_\_\_ Plan to shower or bathe the day prior or day of procedure to help reduce the risk of infection.

\_\_\_\_\_  
**Patient Signature** **Date**

\_\_\_\_\_  
**Staff Signature** **Date**