



_____, you are scheduled for _____

You will need to be at _____ Outpatient Admitting, on

Additional Procedures: Procedure #1 _____ at _____
Procedure #2 _____ at _____
Procedure #3 _____ at _____

IF YOUR PROCEDURE IS AT SKYLINE, you will need to Pre-register by calling 615.769.2648

To prepare for your test/procedure, please follow these instructions:

Diet: Do not eat or drink anything after midnight prior to the test/procedure

Medicine: Take your regularly scheduled medications with the following exceptions:

1. **NO ASPIRIN, ADVIL, OR ANY TYPE OF ANTI-INFLAMMATORY** for five (5) days prior to injections
2. STOP Coumadin three (3) days prior to procedure
3. STOP Plavix five (5) days prior to procedure
4. If you have questions regarding the safety of these medications, please contact your physician

Activity: Bring a responsible driver to take you home.

Sedation: You may receive **MILD SEDATION** for your procedure if it is deemed safe and appropriate. You will not be unconscious. You will likely be aware of the procedure.

Please call your Primary Care Physician and have them fax us your referral. Our fax number is 615.860.2420

CALL OUR OFFICE TO SCHEDULE YOUR FOLLOW-UP APPOINTMENT