

Patient Name: \_\_\_\_\_

Procedural Physician: Dr. DiGrande

Type of procedure: \_\_\_\_\_

Sedation  Yes  No

Procedure Date: \_\_\_\_\_ Length of procedure: \_\_\_\_\_ hour(s)

Preop Office Phone: (530) 543-5528

### Instructions Before Your Procedure:

- Read and follow physician and facility instructions.  
If you have access to the internet go to: [www.bartonhealth.org](http://www.bartonhealth.org) & [www.stamg.org](http://www.stamg.org) for more information.
- Arrange for a responsible person to drive you home & care for you after your procedure for 24 hours, you cannot be alone. \_\_\_\_\_ (name) You cannot use public transportation without an adult escort.
- Contact the Preop Office if you become sick before the procedure (fever, cold, sore throat, cough.) If you become sick the night before the procedure, contact the Barton operator at (530) 541-3420 and ask for the Nursing Supervisor.
- If you are on blood thinners; i.e. Coumadin, Lovenox, Plavix, Pradaxa, Aspirin, Ibuprofen, Naprosyn, etc., please contact the prescribing physician and the physician performing the procedure/injection at least 7 days prior to the procedure/injection.

### Night before Procedure:

- Stay well hydrated the day before your procedure.
- Eat a regular meal unless otherwise directed by your physician. Nothing to eat for 6 hours before your procedure. Clear liquids until 4 hours before your procedure. Clear liquids include; water, coffee/tea without milk or cream, apple/cranberry juice, jello, bouillon, and popsicles. Then no water, mints, gum, coffee. If you forget and swallow something your procedure may be cancelled or delayed.
- Bring loose comfortable clothing to wear home. Elastic waist pants are preferred.
- Remove all jewelry and piercings. Do not bring valuables. Bring co-pay/deductible & insurance cards as instructed.
- Shower the night before or morning of procedure.
- You may wish to bring a portable, cordless music device to listen to before and/or after procedure.
- If you received the 2 page health history form and medication/allergy list mailed to you, bring completed form and list with you.

### Day of Procedure:

- Arrival time to Barton Health front lobby surgical check-in desk is: \_\_\_\_\_.
- You will then be escorted to the Ambulatory Surgery Unit to prepare for the procedure. Phone: 530 543-5875

Patient Signature: \_\_\_\_\_ Preop Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT IDENTIFICATION

**BARTON MEMORIAL HOSPITAL  
PRE-ADMISSION PAIN MANAGEMENT  
PROCEDURE INSTRUCTIONS**

8/30/12

B045 / 7420-E200

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8-30-12

Since this is something the patient signs, we have set in at least 12 point font. For the future, does this need to remain in 12 point?

Changed the "hours" to be consistent. Is this okay?

### File Specification Information

Document Size 8.5 x11	Gripper / Lock-Up All	Stub N	Imprint N
Punch T5	Numbering N	Binding N	Registering Plys N
Screens N	Backer(s) and Percentage N		
Color(s) Blk			
File Information / Master Page 12 Point font at least			
Other			