



2835 Fort Missoula Road, Suite 102
Missoula, MT 59804
(406)541-7246

Patient Name: _____ Provider: Dr. Danaher / Dr. Kemple

Your procedure: _____,

is scheduled on _____ at _____:_____ a.m. / p.m. We will give you a reminder call the day before to remind you of these instructions. **You may also be called the day of the procedure by the surgery center and asked to arrive early, cancel, or re-schedule due to schedule changes, etc. within the facility. Please account for this possibility when scheduling your day and driver.**

Your procedure is scheduled at:

_____ **Big Sky Surgery Center-** 2833 Fort Missoula Road Missoula, MT 59804 (406) 542-6559
Please check in 45 minutes prior to your scheduled appointment time: _____:_____ a.m. / p.m.
Big Sky Surgery Center requires you to pre-register IN PERSON no less than 24 hours prior to your appointment date. (If you have been seen within one (1) year this step is not necessary) If you are not registered more than 24 hours in advance, your procedure could be cancelled.

_____ **Providence Surgery Center-** 902 North Orange Street #100 Missoula, MT 59802 (406) 327-3300
Please check in 30 minutes prior to your scheduled appointment time: _____:_____ a.m. / p.m.

_____ **Community Medical Center-** 2827 Fort Missoula Road Missoula, MT 59804 (406) 728-4100
Please check in 2 hours prior to your scheduled appointment time: _____:_____ a.m. / p.m.

_____ **Marcus Daily Memorial Hospital-** 1200 Westwood Drive Hamilton, MT 59840 (406) 363-2211
Please check in 30 minutes prior to your scheduled appointment time: _____:_____ a.m. / p.m.

Comments/Other Information:

SEE REVERSE FOR PRE-PROCEDURE INSTRUCTIONS

PRE-PROCEDURE INSTRUCTIONS

Transportation: ***YOU MUST ARRANGE TO HAVE A RESPONSIBLE ADULT AVAILABLE AT THE TIME OF DISCHARGE TO TRANSPORT YOU HOME***

All patients must have a driver the day of the procedure. This is for patient safety and facility liability.

IF YOU DO NOT HAVE A DRIVER WITH YOU, THE PROCEDURE WILL BE CANCELLED!

Eating & Drinking:

- - **Do not** eat or drink 8 hours prior to the procedure.

Smoking/Chewing: NO chewing tobacco or smoking after midnight.

Medications: If your medication is not listed below it may be taken the morning of your procedure with a small sip of water. Please bring your diabetic medication with you to the facility. In addition, do not take any pain medication, over the counter or prescribed, the day of your procedure if you are scheduled for a diagnostic block (Medial Branch Block, Discogram, etc.).

DO NOT TAKE THE FOLLOWING MEDICATIONS FOR SEVEN (7) DAYS PRIOR TO YOUR PROCEDURE

OVER THE COUNTER ANTI-INFLAMMATORIES

Aspirin: (Bayer, Excedrin, Bufferin, Anacin, etc.)

Ibuprophen: (Motrin, Advil, etc.)

Ketopophen: (Orudis, etc.)

Naproxen: (Aleve, etc.)

PRESCRIPTION ANTI-INFLAMMATORIES

Anaprox (Naproxen Sodium)

Ansaid (Flurbiprofen)

Arthrotec (Diclofenac)

Cataflam (Diclofenac)

Celebrex (Celecoxib)

Clinoril (Sulindac)

Daypro (Oxaprosin)

Dolobid (Amiloride)

Feldene (Piroxicam)

Indocin (Indomethacin)

Lodine (Etodolac)

Meclomen (Meclofenamate)

Mobic (Meloxicam)

Nalfon (Nalbuphine)

Naprelan (Naproxen)

Naprosyc (Naproxen)

Orudis (Ketoprofen)

Oruvail (Ketoprofen)

Relafen (Nabumetone)

Tolectin (Tometin Sodium)

Toradol (Nalbuphine)

Voltaren (Diclofenac)

HERBAL MEDICATIONS (THEY CAN INCREASE BLEEDING POTENTIAL)

Coenzyme Q10

Cranberry

Garlic

Ginko Biloba

Ginseng

Glucosamine

Omega-3 Fatty Acids (fish oil)

Soy

Vitamin E

Zinc

**** THE FOLLOWING BLOOD THINNING MEDICATIONS MUST BE CLEARED**

THROUGH YOUR CARDIOLOGIST OR PRIMARY CARE PHYSICIAN BEFORE STOPPING... **

(Our office will obtain permission and a PT INR will be drawn day of the procedure to check your levels.)

Coumadin (Warfarin)

Aggrenox (Dipyridamole)

Xeralto (Rivaroxaban)

Plavix (clopidogrel)

Pradaxa (Dabigatran)

Eliquis (Apixaban)

Lovenox (Enoxaparin sodium)

Effient (Prasugrel)

***DIABETIC PATIENTS-**Please be aware that your blood sugar could be elevated for several days following a STEROID injection. Please monitor your sugar levels carefully.

Patient Signature

Date