

STILLWATER MEDICAL CENTER
Pre CT or Ultrasound Guided Biopsy

PATIENT INSTRUCTIONS

Please report to: Medical Plaza SMC Surgery Center Waiting Room Desk:

_____ / _____ / _____
Date Day Time

MEDICATIONS

1. Stop taking Aspirin and NSAIDs on _____. You may continue to take Tylenol.
2. If you are taking prescribed BLOOD THINNERS (Plavix, Coumadin, etc.), YOU MUST CALL your medical doctor to see if you can temporarily STOP TAKING THEM. YOU MUST ALSO NOTIFY THE RADIOLOGIST PERFORMING THIS PROCEDURE if you CANNOT STOP these medications for five days prior to the procedure.
3. Please take your regular medications on the day of the procedure with a small sip of water except for the above listed medications.
4. Please inform Radiology if you are allergic to IV Contrast.

OTHER INSTRUCTIONS

1. Do not eat or drink anything 6 hours prior to the procedure.
2. You may brush your teeth as long as you don't swallow anything.
3. Wear loose, comfortable clothing.
4. Notify radiology of any changes in physical condition such as a cold, fever, flu symptoms, unusual rashes or sores.

_____/_____/_____
Patient's Signature or Person Authorized to give Consent/Relationship Date Time

Signature of Person Giving Instructions Date Time

Original to Medical Records, Copy to Patient

Reviewed/Revised: 3/22/11, 10/21/14 Reference: For Use On:	STILLWATER MEDICAL CENTER Pre CT or Ultrasound Guided Biopsy	Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)
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