

Your procedure is scheduled for:

Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Arrival Time: \_\_\_\_\_ Procedure Time: \_\_\_\_\_  
 Physician: \_\_\_\_\_

**Preparation Begins the Morning of the Procedure:**

1. Nothing to eat for 6 hours before arrival time.
2. Clear liquids may be consumed up to 4 hours before arrival time.

Acceptable: Water, coffee, tea, apple juice, white grape juice, soda such as Sprite, 7-UP and ginger ale, Jell-O, popsicles, broth and Gatorade or sports drinks.

- **DO NOT** drink milk or use non-dairy creamer.
- **DO NOT** eat or drink anything colored red or purple.
- **DO NOT** drink alcoholic beverages.

**Important:**

1. You will not be able to drive after your procedure. You will need a driver to stay during your procedure and to drive you home after your procedure.
2. No iron containing medication for 1 week before the procedure.
3. If you take aspirin for heart protection, **DO NOT** stop taking it.
4. If you take any medications for blood pressure, heart, seizure, and/or anxiety; please take these medications the morning of the exam with just a sip of water.
5. Before scheduling the procedure, please notify the doctor or nurse if you take any of the following medicine: diabetic medicine, Aspirin, Coumadin, Warfarin, Plavix, or any blood thinner.
6. Verbal and written instructions will be given to you and your driver after the procedure. Although, you may not remember due to the medication given at the time of your procedure.

**Please call the office during regular business hours for any questions.**  
**405.533.1695 Monday–Friday 8:00 AM–4:30 PM**

I understand the above discharge instructions and have been given the opportunity to ask questions.

Patient's Signature and/or Other Responsible Person	Date	Time
Nurse's Signature	Date	Time
Physician's Signature	Date	Time