



PORT HURON

1221 Pine Grove, Port Huron, MI 48060

Patient Identification

Please call
Pre-Admission Testing
(810) 989-3192 to give
Health History to a nurse

Pain Clinic Procedure Instruction Checklist

Report to the Main Lobby Desk at:

Time: _____ Day: _____ Date: _____

IMPORTANT:

- If you are on antibiotics for any reason please call the pain clinic now at **(810)989-3283**
- If at any time you decide to cancel this procedure, you must inform the pain clinic immediately at **(810)989-3283**
- If you develop a cold, flue, sore throat, infection or any illness between now and your scheduled procedure, contact the pain clinic at **(810) 989-3283**.

1. You must have a reliable driver for the ride home (not doing so may result in cancellation of your procedure)

2. **Nothing to eat, drink or smoke after midnight on the night before your procedure.** You may have clear liquids until (6) hours prior to arrival. Clear liquids include clear juice or broth, tea or black coffee –no cream or sugar. No alcohol, street drugs, or marijuana (24) hours prior to procedure.

3. Medication Instructions:

DO TAKE ✓	DO TAKE ✓
	<ul style="list-style-type: none"> • On the morning of your procedure, take any prescribed medications that you routinely take in the morning (heart pills, blood pressure pills, ect.) with a small sip of water only.

DO NOT TAKE	DO NOT TAKE
	<ul style="list-style-type: none"> • Insulin or oral diabetic medication on the morning of your procedure. • Lovenox, Coumadin, Pletal, Ticlid, Plavix, Effient, Trental, Persantine or Aggrenox: Contact your Cardiologist or Primary Care Physician to determine when to stop taking these drugs.

4. Day of Procedure:

- Bring insurance, prescription cards, and photo ID.
- If you wake up ill, call immediately to inform at (810)98-3280.
- Female patients must bring a urine specimen with you, the morning of the procedure.
- Plan on taking it easy for the rest of the day. You will not be able to drive or work for the remainder of the day
- Shower or bath night before and morning of procedure with antibacterial soap.
- Wear loose comfortable clothing.

5. Other _____

Pain Clinic & Pre Admission Testing Use Only

Instructions given via phone to: Patient Spouse S.O. Other _____

GIVEN: Date / Time

Signature: _____ Date/ Time: _____



Patient Education

PTED, Form # 3105, 06/15