



PORT HURON

1221 Pine Grove, Port Huron, MI 48060

Please call
(810) 989-3192 to
give health history
to nurse

Patient Identification

Adult Patient Instruction Checklist – Eye Patients

1. Please enter the hospital through the main entrance. From there, hospital personnel will direct you.

Time: _____ Day: _____ Date: _____

Surgery/ Procedure Arrival Time Verification:

- We will contact you the day before your procedure, between 3:30 p.m. and 5:30 p.m. to verify your **arrival time**.
 - If at any time you decide to cancel this procedure/surgery, you must inform you surgeon immediately.
 - **IMPORTANT:** If you develop a cold, flu, sore throat, infection or **ANY ILLNESS** between now and your scheduled procedure, contact your surgeon.
2. **Outpatient Surgery/Procedures must have:**
 - A reliable driver for the ride home (Not doing so may result in cancellation of your procedure).
 - A reliable adult should be present with you until the morning after the surgery/procedure for your safety and welfare (Not doing so may result in cancellation of your procedure).
 - Arrangements made for care of your children who are not patients. Please do not bring children with you to the hospital. No family member is allowed in the surgery or procedure room.
 3. **Do not eat, drink, smoke, chew gum or have candy after midnight the day before surgery** (unless otherwise instructed). Failure to follow these instructions may result in cancellation of surgery due to the possibility of vomiting and/or aspiration (breathing in) of stomach contents into the lungs. This could result in pneumonia or even death. No alcohol, street drugs, or marijuana (24) hours before surgery or procedure.
 4. No insulin or oral diabetic medication on the day of surgery / procedure unless otherwise instructed.



Adult Patient Instruction Checklist – Eye Patients

Patient Identification

DO TAKE ✓	DO TAKE ✓
	<ul style="list-style-type: none">• Normal medications the morning of surgery or procedure as directed by our preadmission nurse with a small sip of water. _____ _____ _____• Follow your Doctors instructions for pre-op eye drops. Please bring your eye drops to the hospital with you.

5. Day of Surgery or Procedure

- No make-up, hair spray, jewelry (or any body piercing).
- Glasses/contact lenses — bring carrying case.
- Dentures — do not use adhesives.
- Leave valuables and jewelry at home.
- Wear a button up shirt and loose, comfortable clothing appropriate for the procedure.
- Shower or bathe the night before, or morning of your surgery.
- Bring insurance, prescription cards, and photo ID.
- If you wake up ill, call surgery at **(810) 989-3280**.
- Female patients bring a urine specimen with you the morning of your procedure.

Pre Admission Testing Use Only

Instructions given via phone to Pt. Spouse S.O. Other.

Date/Time

Signature _____

