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SAN ANTONIO HEAD & NECK SURGICAL ASSOCIATES, P.A. DBA
Ear, Nose & Throat Clinics of San Antonio, P.A.

PREOPERATIVE INSTRUCTIONS

1. Patient Name: _____
2. Surgery Procedure: _____
3. Date of Surgery: _____
4. Location of Surgery: _____
5. Time of surgery is subject to change; therefore you will be notified of your time of arrival to the surgery facility one day before surgery.
6. Please get lab work done between _____ or by _____
at _____
7. Nothing is allowed by mouth after midnight the night before your surgery. Failure to follow instructions regarding eating or drinking could result in cancellation of your surgery. It is extremely dangerous to have anesthesia with anything in your stomach.
8. If you take medication for any condition regularly, ask your physician before surgery whether or not to take the medicine the day of surgery. If you are to take a pill or pills, please take them with a small sip of water.

STARTING 2 WEEKS BEFORE SURGERY DO NOT TAKE ASPIRIN, NUPRIN, MOTRIN, OR ANY IBUPROFEN CONTAINING PRODUCTS. IF YOU ARE DIABETIC, DO NOT TAKE YOUR INSULIN OR DIABETIC MEDICINE ON THE MORNING OF SURGERY. DO NOT TAKE ANY ALTERNATIVE MEDICATIONS ESPECIALLY ANY THAT CONTAIN GINKGO. YOU MAY TAKE TYLENOL.

9. Notify the doctor of any change in your physical condition such as a cold, fever, cough, or rash.
10. Know what medications you are on and any drug allergies that you have so that you may notify the surgery facility and doctors. Bring any medications with you that you are unsure of so that we may know exactly what medications you are on.
11. Do not take jewelry or valuables with you to the surgery facility. The facility will not be responsible for loss of valuables. Please try to remove rings and earrings prior to surgery.
12. Do not wear makeup or fingernail polish the day of surgery. Contact lenses should be removed prior to surgery. Please leave these at home or bring your container with you to keep these protected while you are in surgery. Dentures may be worn and can be kept in a container during your procedures.
13. You are required to have a responsible adult, who is licensed to drive, accompany you home after surgery. If arrangement is made with the surgery facility, that person may be notified by phone to pick you up after you have recovered from your procedure.
14. A parent or legal guardian must accompany a minor scheduled for surgery. That person must stay in the surgery facility the entire time that the child is there.

15. It is the policy of San Antonio Head and Neck Surgical Associates to charge \$15 to complete any FMLA or disability forms. Also, it will take 7-10 days to complete forms. The original forms will be mailed back to you unless other arrangements are made.
16. Travel is restricted to within 30 minutes of the San Antonio area for at least two weeks, unless other arrangements are made.
17. Insurance is a contract between you and your insurance company. We are not a party to this contract, nor can we become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, pre-existing clauses or any other clause in your policy. Our involvement will be limited to supplying factual information to facilitate claim processing. I understand that this arrangement for surgery is dependent on my insurance policy, insurance authorization, and completion of preoperative lab work by specified date.

I have read and understand these instructions.

Patient/Legal Guardian

Date