



Surgeon:
Date of Service
Medical Record:
Date of Birth:

DISCHARGE INSTRUCTIONS

- 1. You were administered general anesthesia during the procedure so you will be sleepy for the rest of the day and, maybe, tomorrow. DO NOT drive, operate any machinery or do anything requiring coordination for the rest of the day.
2. DIET - For the next 24 hours we recommend a clear liquid to light diet today. Avoid milk, spicy or greasy foods.
3. CALL YOUR DOCTOR:
4. Your doctor would like you to see him/her in his/her office for a follow-up visit. Please make the appointment to see him/her in:
5. PAIN - If medication has been prescribed for your discomfort, it may not provide total relief. DO NOT take aspirin and aspirin products.
6. DO NOT change your dressing or get it wet unless instructed to do so by your doctor.
7. You should have a responsible adult be with you for the rest of the day and during the night for your protection and safety.
8. You may expect a call from a staff member of Center in the next few days.
9. May we contact you at home following the procedure?
10. May we contact you at work following the procedure?
11. May we leave a MESSAGE at home?
12. May we leave a MESSAGE at work?
13. Who may we speak with at home?
14. Who may we speak with at work?
15. Special instructions:

Prescription: Yes No
Describe

I have received and understood my discharge instructions:

Responsible adult signature Witness signature Date Time