

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

DISCHARGE INSTRUCTIONS

- 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. Do not sign any legal documents or make any important decisions in the next 24 hours. If you are a smoker, you may experience a rise in body temperature tomorrow. After general anesthesia, you should breathe deeply and cough vigorously each waking hour in order to keep the lungs clear. Consult your doctor about when you can resume normal activities.
- DIET For the next 24 hours we recommend a clear liquid to light diet today. Avoid milk, spicy or greasy foods. 2. You may NOT drink any alcoholic beverages for 24 hours after your procedure.
- CALL YOUR DOCTOR: 3.
 - a. if you have an increase in pain after the first 48 hours
 - b. if you have excessive bleeding. A small amount of bleeding may appear on the dressing or pad
 - c. if you have persistent, severe pain or pain that is not eliminated by Tylenol or your prescription
 - d. if signs of infection are observed (chills or fever, redness, swelling or drainage from surgical area)
 - e. if you experience persistent nausea or vomiting. A certain percent of patient may experience nausea or vomiting following general anesthesia. You may call the anesthesiologist as well.

			reacn your docto						
	Your doctor wo him/her in:	uld like y	ou to see him/her	in his/her office	for a follow-up	visit. Ple	ease make	e the appointmer	it to see
	_	veeks	Other		□ Call	your do	ctor ()		
5.		ation ha	s been prescribed	for your discomf				DO NOT take a	spirin
	DO NOT change your dressing or get it wet unless instructed to do so by your doctor. Take a sponge bath until yo see your doctor at this office.								
	You should have a responsible adult be with you for the rest of the day and during the night for your protection and safety.								
			rom a staff member on the telephone r						your
9.	May we contac	t you at	nome following the	e procedure?		□ Yes	□ No		
10.	May we contact you at work following the procedure?					☐ Yes	□ No		
11.	. May we leave a MESSAGE at home? . May we leave a MESSAGE at work?					☐ Yes	□ No		
12.						☐ Yes	□ No		
13. Who may we speak with at home?									
14.	. Who may we speak with at work?								
15.	Special instruct	tions:							
Pres	Yes	_							
			Describe						
		I	have received a	nd understood	l my discharg	e instru	ctions:		
Responsible adult signature			Witnes	Witness signature			— Ti	me	