

James L. Chen, MD

PRE-OPERATIVE PATIENT INSTRUCTIONS

PATIENT NAME: _____

NAME OF PROCEDURE: _____

SURGERY DATE: _____ **SURGEON:** _____

PROCEDURE TIME: _____ **ARRIVAL TIME:** _____

Your surgery has been scheduled at:

- ___ St. Mary's Medical Center, 450 Stanyan St., SF, (415)750-4900
- ___ CPMC- Davies Campus, 45 Castro and Duboce Ave SF, (415)600-6000
- ___ CPMC- Mission Bernal Campus, 3555 Cesar Chavez, SF, (415)600-6000
- ___ Webster Surgery Center, 450 Sutter St. Suite 400, SF, (415) 393-9600
- ___ San Francisco Surgery Center, 450 Sutter Street, Suite 500, SF, (415)393-9600

Please make arrangements to have someone drive you home after your surgery.

Please schedule a physical examination with your primary care physician **within 30 days prior to your surgery. Your exam should include the following:**

- o **Dr. _____, please order labs as you deem necessary.**
- o **Physical**
- o **EKG** (required if age 40 or over, history of heart disease, HTN, diabetes)
- o **CBC**
- o **Chem 7/8/14**
- o **INR/PT/PTT** (required if on Coumadin)
- o **Urine Pregnancy**
- o **Cardiology clearance**
- o **Covid 19 (one week prior to surgery)**
- o **Other: _____**
- o **Urinalysis**
- o **Preop. not required**

Please stop taking aspirin products and any anti-inflammatory medication **one week** before your surgery. (please see attached list & instructions)

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT BEFORE YOUR SURGERY. THIS INCLUDES WATER, JUICE, COFFEE, GUM OR CANDY. (If your surgery is a late afternoon time, you may eat a light breakfast 12 hours prior surgery).

IF YOU HAVE ANY ADDITIONAL QUESTIONS, PLEASE CONTACT the office at (415)900-3000.