

PRE-OP Pred+Moxi+Brom Medication Instructions

Patient Name: _____ Account #: _____

Surgery Date: ___/___/___

RIGHT LEFT

PRE-OP CHECKLIST

- Provide the surgery center your health history (instructions provided)
- Pay for premium services one week before the procedure



3 days before surgery

Three times a day

Day 1 ___/___ ○ ○ ○

Day 2 ___/___ ○ ○ ○

Day 3 ___/___ ○ ○ ○

Day of Surgery

Morning ___/___ ○

Then switch to post-op calendar

PRE-OP INSTRUCTIONS

- The surgery center will call you in the afternoon the day before surgery to tell you what time your surgery will be.
- NO FOOD OR DRINK after midnight the night prior to your surgery. This includes gum, candy, and mints. Surgery will be cancelled or postponed if this is not strictly adhered to.
- Do not stop any medications unless otherwise instructed by the surgical center or Dr. Lindahl.
- The surgery center will instruct you what medications to take the day of surgery.
- You must arrange transportation to and from the surgery center on the day of surgery as well as your one-day post-op appointment the following day.

Patient Signature: _____ Date: ___/___/___

If you have any **questions**, please contact us at **585-232-2560**.

*****Drops are non-refundable even if your surgery is cancelled.*****

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View potential contraindications at: www.osrxpharmaceuticals.com/osrx-api-aecontraindication