



Shawn Dalton-Bethea, MD

Diplomate ABPM, ABPMR

Interventional Spine & Musculoskeletal Disorders Management

520 Maple Avenue, Suite A • Reidsville, North Carolina 27320

Office 336-349-5050 • Fax 336-349-5056

www.pssspa.com

PRE-PROCEDURE PATIENT INSTRUCTIONS

PLEASE REVIEW PRIOR TO YOUR PROCEDURE!

Patient Name: _____ DOB: _____

Procedure Date _____ Arrival Time _____

****Please note that any patient that does not give 24 hours cancellation notice arrives late for their procedure or does not show up for their procedure will be charged a \$50.00 "No Show" fee. This fee must be paid PRIOR to your appointment being rescheduled!!****

- DO NOT eat or drink for 2 hours prior to your procedure. Take your regular medicine as instructed by your PCP. Take the medicine that Dr. Dalton-Bethea has prescribed as instructed. Increase your fluids several days prior to your procedure.
- You MUST have a driver to drive you to and from your procedure. Your driver must remain in the lobby. This is a precautionary measure due to prescription medicine prescribed by Dr. Dalton-Bethea can cause weakness, dizziness and an "intoxicated feeling" that may impair your driving and reflex function. The anesthetic used during your procedure may also cause some temporary numbness to your leg/arm that may impair your reflexes and your ability to operate a vehicle safely.
- Blood Thinners must be discontinued prior to procedures due to increased risk of bleeding. Aspirin must be stopped 3 days prior to lumbar procedures and 10 days prior to cervical/thoracic procedures. Coumadin/Plavix must be stopped 6 days prior to lumbar procedures and 10 days prior to cervical/thoracic procedures. Coumadin patients will require PT/INR test 24 hours prior to your procedure with written documentation from your Dr. or clinic. **We must have a clearance from your PCP/Cardiologist in order for you to discontinue any form of blood thinning medication prior to procedures. DO NOT stop these medications until you are advised to do so.**

Stop Aspirin on: _____ Stop Coumadin/Plavix on: _____ Have PT/INR drawn on: _____

- Are you allergic to any of the following? Shellfish, Iodine, Contrast Dye, Latex or any other medications? _____ yes _____ no if yes, please inform the nurse at your visit and circle the allergy in the list above.
- If you have had ANY change in your medical condition, please give our office a call in a timely manner.
- If you develop a fever, vomiting, diarrhea, UTI, or any type of infection-your procedure MUST be rescheduled. Please contact our office in a timely manner in order to reschedule.
- If you are a diabetic, please maintain a log of your blood sugars and inform the nurse upon your arrival. Steroids can cause an increase in blood sugar; therefore your sugar will be checked prior to beginning your procedure so that we have a "baseline" for your record. If your sugar is too high-your procedure will be rescheduled. This is for your safety as a diabetic.
- Please wear loose clothing

By signing this form you agree that you have read and understand the above instructions and have had the opportunity to ask and have questions answered.

Signature _____ Date _____