McLaren Flint Pre-op Instruction

Reviewed with patient/caretaker/driver:

- Arrival Time _____
- $\hfill\square$ No shaving/depilatory cream on surgery site 24 hrs. prior
- □ NPO after ______NO gum, mints, candy or water!
- $\hfill\square$ Shower with antimicrobial soap morning of surgery
- $\hfill\square$ Medication to take morning of surgery with sip of water, See Med Rec Form
- $\hfill\square$ Bring photo ID, insurance card
- □ Limit Visitors to 1-2
- □ Bring CPAP, Inhalers, Insulin
- \square Responsible person to drive home, provide 24 hours of care, Length of stay _____
- $\hfill\square$ Directions to facility offered
- $\hfill\square$ Questions answered, understanding verbalized
- □ Dress Comfortably, No jewelry, make up, or valuables, remove contact lenses and body piercing
- □ Patient Rights & Responsibility Notes:

PAT RN Signature: _____ Date/time: _____

