

## **Prep List**

•	My check in time is
	(Please follow any prep instructions given by your surgeon's office)
•	I need to stop eating at
	(Your procedure could be delayed or cancelled if you do not follow the recommended time to stop eating or drinking. *Gum, candy and mints are considered food)
•	I need to stop drinking at
	(Restrictions vary with each case. Clear liquids: water, black coffee or tea (no cream or sugar), apple juice or Gatorade)
•	Medications that are okay to take the morning of my
	procedure
	(Pay particular attention to special instructions for blood thinners and diabetic medications)
•	My driver/escort to take me home(Please have a responsible adult drive you home as you will have medications in your system
	that will hinder your ability to drive. *KNOW YOUR ESCORTS CONTACT INFO)
•	Supplies I need to bring with me
	(Wear clothing that is easy to put on and will fit over dressings/casts, etc.)
•	How I will get my prescriptions filled after surgery(Narcotic prescriptions must be brought into the pharmacy. Ask about Cabrini pharmacy)
	(. tal code process priority mass see shought into the pharmacy). Ask about Cashini pharmacy)
*	For our address, parking and other frequently asked questions, visit us at:
	HTTPS://FIRSTHILLSURGERYCENTER.COM/
*	IF YOU HAVE FURTHER QUESTIONS, PLEASE CONTACT YOUR SURGEON'S OFFICE OR YOUR

Thank you for allowing us to be a part of your team.

FIRST HILL SURGERY CENTER PREOPERATIVE TEAM AT 206-320-7750.