Port Huron Hospital
Port Huron Hospital
1221 Pine Grove, Port Huron, MI 48060

Please call
Pre-Admission Testing
(810) 989-3192 at your earliest convenience.

Patient Identification

Pain Clinic Procedure Instruction Checklist

Report to the Main Lobby Desk at:

Time: _____Day: _____ Date: _____

IMPORTANT:

- If you are on antibiotics for any reason please call the pain clinic now at (810) 989-3283
- If at any time you decide to cancel this procedure, you must inform the pain clinic immediately at (810) 989-3283.
- If you develop a cold, flu, sore throat, infection, or any illness between now and your scheduled procedure, contact the pain clinic at (810) 989-3283.

1. You must have a reliable driver for the ride home (Not doing so may result in cancellation of your procedure).

2. **Nothing to eat after midnight on the night before your procedure.** You may have clear liquids until 6 hours prior to arrival. Clear liquids include clear juice or broth, tea or black coffee — no cream or sugar.

3. **Medication Instructions:**

DO TAKE ✔	***DO TAKE*** ✔
	• On the morning of your procedure, take any prescribed medications that you routinely take in the morning (heart pills, blood pressure pills, etc.) with a small sip of water only.

DO NOT TAKE	⊘ ***DO NOT TAKE*** ⊘
	• **Insulin or oral diabetic medication** on the morning of your procedure. • **Lovenox, Coumadin, Pletal, Ticlid, Plavix, Effient, Trental, Persantine, or Aggrenox: Contact your Cardiologist or Primary Care Physician to determine when to stop taking these drugs.**

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4. **Day of Procedure:**
   - Bring insurance, prescription cards, and photo ID.
   - If you wake up ill, call immediately to inform at **(810) 989-3280.**
   - Female patients may be asked for a urine specimen upon arrival, if within childbearing age.
   - Plan on taking it easy for the rest of the day. You will not be able to drive or work for the remainder of the day.

5. **Other:** _____

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Pain Clinic & Pre Admission Testing Use Only

Instructions given via phone to ☐ patient ☐ spouse ☐ s.o. ☐ other _____

Date/Time

Signature _____