

**PRE-OPERATIVE ANESTHESIA INSTRUCTIONS**

**DO NOT BRING CELLPHONES INTO MEDICAL OR COUNSELING AREAS**

**DO NOT** eat, chew gum, smoke or drink anything from midnight until the time of surgery- not even water. You may brush your teeth in the morning and rinse your mouth, but do not swallow any water. It is life threatening to be given twilight or general anesthesia with food or liquid in your stomach.

**DO NOT** take any medication after midnight unless approved by your physician.

**DO NOT** wear any jewelry or bring valuables into the surgical area. The clinic will not be responsible for any lost articles.

**WE REQUIRE THAT YOU BE ACCOMPANIED BY AN ADULT DRIVER WHO WILL BE HERE DURING THE TIME OF SURGERY AND DISCHARGE. IF YOU DO NOT HAVE A DRIVER PRESENT YOUR SURGERY WILL NOT BE DONE.**

**POST OPERATIVE ANESTHESIA INSTRUCTIONS**

I understand that following the administration of anesthesia:

1. It will not be safe for me to drive a motor vehicle or operate any complex machinery for 24 hours.
2. I should not drink any alcohol for 24 hours. I should not make any important/legal decisions for 24 hours.
3. I have made arrangements with a responsible adult to accompany me and remain at the clinic during the time of my surgery until the time of my discharge from the clinic.  
\_\_\_\_\_ is present and will remain at the clinic to take me home after my discharge.

I understand the risks and consequences of not complying with the above instructions and I will accept full responsibility for any failure to fully comply with the instructions. I have been given oral and written post-operative instructions and I fully understand them.

I release POTOMAC FAMILY PLANNING CENTER and its physician and all personnel from any liability which may arise from my failure to comply with the above instructions and directions.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PATIENT'S NAME PRINTED