

**IMPORTANT PRE OPERATIVE  
INSTRUCTIONS**

PLEASE READ THROUGH THE ENTIRE PACKET OF INFORMATION CAREFULLY.  
FOR QUESTIONS PLEASE CALL: Debbie Sims, AT 703-573-3612.

**REMINDERS:**

- ✓ LAB WORK IS TO BE COMPLETED THE WEEK PRIOR TO SURGERY. PLEASE STOP TAKING ANY ASPIRIN, IBUPROFEN OR OTHER BLOOD THINNING DRUGS, VITAMINS OR SUPPLEMENTS 2 WEEKS PRIOR TO SURGERY AND AT LEAST 1 WEEK PRIOR TO BLOOD WORK. EKG'S MUST BE WITHIN 3 MONTHS OF SURGERY.
- ✓ PLEASE CHECK WITH YOUR INSURANCE COMPANY FOR A LIST OF PARTICIPATING LABS IN YOUR AREA. LAB WORK MAY ALSO BE COMPLETED AT PRIMARY CARE.
- ✓ CONTACT SURGICAL FACILITY AS INSTRUCTED FOR SURGERY TIME.

**FOR WALK IN LABS INCLUDING CHEST X-RAY & EKG:**

**NASAL &  
OTOPLASTY  
PATIENTS**

**FAIRFAX CENTRAL TESTING  
8503 ARLINGTON BLVD., SUITE 200  
FAIRFAX, VA 22031  
Ph: 703-970-3100  
M-F 7AM-7PM, SAT 8AM-4PM**

- ✓ PURCHASE ANY NASAL BULB SYRINGES OR NEILMED SALINE RINSE KITS, EAR SPORTS BANDS, OR OTHER RECOMMENDED ITEMS PRIOR TO THE DAY OF SURGERY. NASAL SURGERY PATIENTS MAY PICK UP *NEILMED RINSE KIT* AT ANY OF OUR OFFICES. ALSO AVAILABLE AT MOST PHARMACIES FOR A NOMINAL COST.
- ✓ PHYSICIAN SURGICAL CONSENTS ARE TO BE RETURNED TWO WEEKS PRIOR TO SURGERY IN THE ENVELOPE PROVIDED. AGREEMENTS MAY ALSO BE FAXED TO 703-560-3808 ATTN: DEBBIE SIMS. PAYMENT VIA CHECK MAY BE SENT ALONG WITH AGREEMENT OR CREDIT CARD PAYMENTS MAY BE PHONED IN TO 703-573-3612. FAILURE TO SUBMET REQUIRED DOCUMENTS AND PAYMENT IN A TIMELY MANNER MAY RESULT IN CANCELLATION OF YOUR SURGERY. SURGICAL FACILITY AND ANESTHESIA FEES ARE DUE THE DAY OF THE PROCEDURE. CONTACT YOUR SURGICAL FACILITY FOR INFORMATION.
- ✓ VERIFY ALL POST OPERATIVE APPOINTMENTS LISTED ON YOUR PRE-OP CHECKLIST.
- ✓ MAKE SURE YOU UNDERSTAND YOUR PRESCRIPTION MEDICATION INSTRUCTIONS AS WELL AS POSSIBLE SIDE EFFECTS. HAVE THEM FILLED AHEAD OF TIME.
- ✓ HAVE A LIST OF CURRENT MEDICATIONS YOU ARE TAKING FOR THE DAY OF SURGERY. YOU MUST HAVE A RIDE HOME!