



**TEXAS FOOT & ANKLE
SURGICAL ASSOCIATES, PLLC**

Pre Operative Instructions

Name: _____ DOB: _____

Surgery Date: _____ Time: _____

Location/Hospital: _____ Time to Arrive at Hospital: _____

- Obtain a **Pre Surgical Clearance** from PCP. This includes any labs/EKG and any additional Specialist referral they require.
- Any balance owed is due prior to procedure.
- Before Day of Procedure, call the admission desk or go to hospital to pre-register and make financial arrangements. Can call 830-401-7445 as well.
- Follow your PCPs medications instructions leading up to and day before the procedure.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.** This includes smoking, chewing tobacco, vaping. You may brush your teeth, but do not swallow the water.
- Make travel arrangements for someone to drive you home from the hospital after surgery. There needs to be someone with you for the following 24 hours after the procedure as well for monitoring after anesthesia. *The hospital staff will cancel a surgery if you do not have proper arrangements. The hospital will not let you drive yourself after the procedure.*
- Wear loose fitting comfortable clothes. No jewelry, no watches.
- Post operative Prescriptions will be sent day of or day before the procedure.
- If you have any problems or concerns after the procedure, call the hospital at 830-379-2411. They will connect to Dr. White immediately.
- Please notify the office of any change in your physical condition like sudden sickness.

I understand and accept the responsibilities listed above.

Patient/Guardian Signature _____ Date _____