



INSTRUCTION FOR SURGICAL PROCEDURE

Date: _____ **Time:** _____ **Pre-Surgery Appointment**, This appointment will be at WCCH on the 3rd floor. They will ask you your medical information and get you pre-registered. Bring a copy of your medications with you to this appointment. If this appointment is not convenient for you please call (276) 228-0384 to reschedule.

_____ Stop Coumadin, Aspirin, Plavix, Xarelto or NSAIDs (5 Days before your procedure) (you **CAN** take Fish Oil).

Nothing to Eat or Drink after Midnight

****SOMEONE MUST DRIVE YOU HOME AFTER THE PROCEDURE
DUE TO THE EFFECTS OF SEDATION****

The Hospital will call you the day before your procedure between the hours of 12-3pm to let you know when to be at WCCH on the day of your surgery. If you do not receive this call please call 276-228-0200. At this time they will tell you where to report the morning of your procedure

Your procedure is scheduled on _____.

- Bring all current medications or list of current medication
- Bring a copy of your living will or Durable power of Attorney
- Bring a list of Allergies
- Bring insurance card/ information
- Bring immunization record for patients under 18 years old

If you would like to pre-register online please go to WWW.WCCHCARES.COM

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, YOU MAY CONTACT
OUR OFFICE AT 276-228-1050.**