

SURGERY CENTER OF VOLUSIA

Patient Name _____

1. You are scheduled for _____
as an outpatient at the Surgery Center of Volusia at _____ am/pm
on _____ day/date.
2. DO NOT EAT OR DRINK anything after midnight the night before surgery.
Please take the following medication(s) with a sip of water the morning of surgery
_____.
3. DO NOT DRINK ALCOHOLIC BEVERAGES for 24 hours prior to your surgery.
4. PLEASE wear loose, comfortable clothing.
5. PLEASE LEAVE ALL VALUABLES (i.e. jewelry, money, watches, credit cards)
at home.
6. PLEASE REPORT any changes in your condition, such as an obvious respiratory
infection or any other acute illness, to your physician.
7. PLEASE ARRANGE FOR A CARE GIVER to take you home and remain with
you after discharge. All minors (17 years of age or younger) must be accompanied
by a parent or legal guardian.
8. PLEASE follow all of Dr. _____'s preoperative instructions.
9. Additional instructions: _____

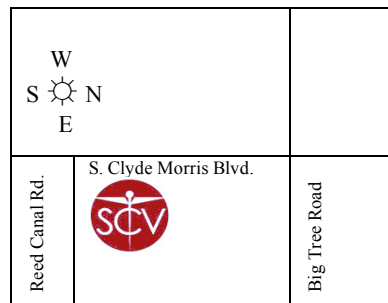
Surgery Center of Volusia

3635 Clyde Morris Blvd, Suite 500

Port Orange, Florida 32129

Phone: (386) 760-8151

Fax: (386) 760-8185



Patient Signature: _____

Date: _____

Witness: _____

Time: _____