



UROLOGIC SOLUTIONS
AFTAB HUSAIN, M.D., P.A.
663 BRACE AVE
PERTH AMBOY, NJ 08861
PH (732)826-0059
FX (732)826-6576
UROLOGICSOLUTIONS@GMAIL.COM

PATIENT INITIALS _____

ANESTHESIA PROCEDURES

YOU HAVE BEEN SCHEDULED FOR A PROCEDURE IN OUR OFFICE UNDER ANESTHESIA

ON _____ AT _____.

IF YOU ARE TAKING ASPIRIN OR ANY TYPE OF BLOOD THINNER, SUCH AS CUMADIN OR PLAVIX YOU MUST STOP TAKING THESE MEDICATIONS FIVE(5) DAYS BEFORE THE PROCEDURE AND TWO(2) DAYS AFTER TH EPROCEDURE. PLEASE INFORM YOUR MEDICAL DOCTOR YOU HAVE STOPPED TAKING THE MEDICATIONS.

Do not have anything to eat or drink eight(8) hours prior to the procedure.

You will need someone to drive you home after your procedure. It is suggested that you have someone stay with you the remainder of the day.

All insurance referrals are the responsibility of the patient. If you are not sure please contact your primary care physician or your insurance company.

IN CASE OF ANY CANCELLATION, YOU MUST CANCEL APPOINTMENT WITHIN 5 DAYS NOTICE TO AVOID A FEE OF \$50.00-

If you have any question or concern please contact the office.

Thank You.