

Fayetteville PAIN CENTER, PLLC
2153 Vallegate Drive, Suite 102
Fayetteville, NC 28304
(910) 321-7246 Office

You are scheduled at Fayetteville Pain Center

For a _____ with Dr. Desai

On _____ at _____.

THE DAY OF YOUR PROCEDURE:

- Upon arrival, please check in at the registration desk. You will be taken to a private room for preparation. A family member may accompany you during this time. If you are scheduled for a Radiofrequency procedure your driver must stay with you while your pre-op medicines are being administered.
- Please wear comfortable clothing.
- Please do not bring any valuables or jewelry.
- Please inform nursing staff if you are on any blood thinning medication or if you have a bleeding disorder.
- Please inform nursing staff if you are or think you may be pregnant.
- You **MUST** have someone available to drive you home after your procedure. Your driver **MUST** check in at the front window when you check in. Failure to do so may result in the cancellation of your procedure.
- You may take your routine morning medications not required to be taken with food.
- Please bring a complete list of all medications that you are currently taking.

****IF YOU FAIL TO SHOW FOR YOUR APPOINTMENT, YOU WILL BE CHARGED A \$25 FEE****

SPECIAL INSTRUCTIONS:

- **MORNING APPOINTMENTS:** DO NOT eat or drink anything after midnight.
- **AFTERNOON APPOINTMENTS:** You may have a light breakfast six hours before the scheduled procedure.

FOLLOWING YOUR PROCEDURE:

- Once your procedure is completed, you will be kept in the recovery room for 30 minutes.
- When you have fully recovered, you will be discharged home.
- You **MUST** have someone available to drive you home.
- You may take a dose of your muscle relaxant and pain medication at home and daily as prescribed before.
- Apply ice to the procedure site 4-5 times in the first 24 hours and then you may apply heat there after for better pain relief.
- In most cases, you are able to resume your normal activities the next day.
- If you have any questions or concerns, prior to or following your procedure, please call Fayetteville Pain Center at (910) 321-7246.

OTHER INSTRUCTIONS:

Many of the services offered by Fayetteville Pain Center require prior authorization from your insurance company. If the requested procedure requires prior authorization, Fayetteville Pain Center must submit accurate and detailed information regarding your condition to your insurance carrier, that process may take 7 – 10 business days. Please call Fayetteville Pain Center 2 days prior to your scheduled date to ensure that authorization has been received. If authorization has not been received, it may be necessary to reschedule your procedure. If the request was denied by your insurance company, you will be given an appointment to discuss further options with the physician.

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DISCHARGE INSTRUCTIONS

1. ACTIVITIES:

- May resume normal activities as tolerated.
- Limit your activities for 24 hours. Do not engage in sports, heavy work or heavy lifting until your physician gives you permission.
- Do not drive or operate hazardous machinery for 24 hours.
- Do not make important personal or business decisions.

2. DIET:

- May resume normal diet.
- Eat light foods (Jello soup, crackers, toast) as tolerated for the first few hours. Then resume normal diet.

3. FOLLOW-UP CARE:

- You have a follow-up appointment scheduled for _____ with Dr. Desai at _____.

4. NOTIFY YOUR DOCTOR IF:

- Fever greater than 101 degrees orally
- Extreme redness or swelling around the injection site
- Nausea and vomiting that is not improving
- Severe pain that is not relieved by medication
- Bowel/Bladder difficulty or sudden leg or arm weakness

5. OTHER INSTRUCTIONS: _____

I acknowledge that I have received and fully understand the above instructions.

Patient / Guardian Signature

MA/RN/NP/PA Signature

Date and Time