



Pre-Op Instructions for \_\_\_\_\_

**Your procedure will be performed at:**

**Date/Time of Procedure:**

**Arrival Time:**

**No food/milk after:**

**No formula after:**

**May have clear liquids and/or breast milk until:**

Not following the above instructions will likely result in the canceling and rescheduling of your procedure. If you have any questions at all please call our office at 929-7337.