

INJECTION/PROCEDURE INSTRUCTIONS

***To Schedule Procedure/Injection - Please call: **855-906-7246 Opt 1**

Your Procedure will be done under Light Sedation or Local Anesthesia. **(This will be a 2-3 hour appointment)**

Precautions are in place for YOUR Safety. PLEASE READ ENTIRE DOCUMENT

Your Procedure is scheduled on: _____ Time: _____ Dr: _____

****A provider may contact you by telehealth 2-4 days after procedure for a checkup, there is no set time for the call.**

Facility (check one):

- **DOCS 8436 W 3RD ST #700 LOS ANGELES CA 90048 MANDATORY: MUST BRING VALID PHOTO ID**

MEDICARE DOES NOT COVER SEDATION UNLESS IT'S A RHIZOTOMY/ABLATION, MILD, SCS TRIAL, OR SCS IMPLANT)

If you want to proceed with Sedation the cost is \$250.

- **FSC 2240 N HARBOR BLVD. #100 FULLERTON CA 92835**
- **FULLERTON OFFICE / SCNOC: 1440 N HARBOR BLVD #120, FULLERTON CA 92835: DO NOT EAT OR DRINK 1 HOUR PRIOR TO THE PROCEDURE. (NO SEDATION REQUIRED AT THIS OFFICE)**

1. IF SEDATION IS USED: DO NOT EAT OR DRINK 8 hours prior to the procedure.

*You may, however, take medication (Blood Pressure or Heart) with a small sip of water IF NECESSARY.

2. IF SEDATION IS USED: You **MUST** have a friend or family member drive you home from your procedure. This person must be identified prior to the procedure by the medical staff and available prior to your discharge.

3. If you have any active skin infections, cold or flu symptoms, recent surgery or dental work, please notify our staff IMMEDIATELY. We may need to postpone your procedure until it is safe to proceed.

IF YOU ARE TAKING ANY OF THESE MEDICATIONS, THEY MUST BE STOPPED BEFORE THE PROCEDURE BY AT LEAST:

7 DAYS PRIOR	5 DAYS PRIOR	3 DAYS PRIOR	FULL 24 HOURS PRIOR
COUMADIN	ASPIRIN	ADVIL	LOVENOX
PLAVIX	FISH OIL	ALEVE	
TICLID	GINKGO BILOBA	ALKA-SELTZER	
Dulaglutide (Trulicity)	LIXIANA	IBUPROFEN	
Exenatide (Byetta)	VITAMIN E CAPSULES	MOBIC	
Liraglutide (Victoza, Saxenda)	PRADAXA	MOTRIN	
Lixisenatide (Adlyxin)	ASPIRIN CONTAINING PRODUCTS	ELIQUIS	
Exenatide extended-release (Bydureon).		XARELTO	
Semaglutide injection (Ozempic, Wegovy).		SAVAYSA	
Semaglutide tablets (Rybelsus).			
Tirzepatide (Mouniario)			

4. **Please make sure your internist or cardiologist has approved the discontinuation of these medications prior to stopping them.**

5. You **MAY CONTINUE** taking the following: Acetaminophen products, Celebrex, Endocet, Flexeril, Loratab, Morphine, Neurontin, Norco, Oxycodone, Percocet, Robaxin, Roxicet, Tramadol, Tylenol, Skelaxim, Soma, Ultracet, Ultram, and Vicodin.

6. Please continue taking all other medications. If you are concerned about a certain medication that you are taking or need to reschedule/cancel your procedure, please contact our office.

8. **YOU MUST SCHEDULE A FOLLOW UP VISIT, 1-2 WEEKS after your procedure.**

FOLLOW UP is scheduled on: _____

OFFICE POLICY: WE REQUIRE A TWO BUSINESS DAY NOTICE TO CHANGE OR CANCEL YOUR PROCEDURE APPOINTMENT. SAME DAY CANCELLATIONS OR NO SHOWS WILL BE SUBJECT TO A FEE OF **\$500**.