



2201 45th Street
West Palm Beach, FL 33407
(561)-842-6141
www.JFKNorth.com

Patient Name: _____ Parent/Guardian Name _____

Day of Procedure: Come to Rothman Center at the South end of JFK Medical Center on: (Day and Date): _____ at:(Time) _____

You will need to check-in at the Registration Desk prior to proceeding to the surgical area.
Please call 561-842-6141 for any questions regarding registration

- *You will receive a phone call prior to the day of surgery to obtain the patient history and review instructions on (date): _____
Best time of day to call: _____ Phone # _____*
- *You will receive a phone call the afternoon/evening prior to the scheduled procedure to let you know arrival time. Arrival time is 2 hours prior to scheduled procedure to allow for adequate preparation time and anesthesia evaluation.*

PATIENT INSTRUCTIONS:

- DO NOT** Eat or drink anything after midnight (12AM) the night before surgery (including water, gum, mints, food or fluid of any kind).
- DO NOT** Take any medications without specific instructions from your surgeon.
- DO NOT** Take any aspirin or aspirin containing medications
- DO NOT** Bring jewelry, credit cards, money, or other things of value
- DO NOT** Wear makeup or nail polish the day of surgery
- DO NOT** Drink alcoholic beverages and avoid smoking for 24 hours before surgery

- DO** Bring your child’s favorite toy, blanket, or pacifier
- DO** Notify your doctor if you develop a cold, sore throat, fever, or other illness prior to surgery
- DO** Shower and wash your hair the night before, or the morning of surgery
- DO** Wear clean, comfortable, loose fitting clothes and shoes that are easily removed
- DO** Bring a case for contact lenses or glasses
- DO** Brush your teeth, swish and gargle the morning of surgery, **BUT DO NO SWALLOW**
- DO** Bring a LIST of all medications you are currently taking
- DO** Have someone stay with you after surgery
- DO** Bring your insurance card, driver’s license, and co-pay if applicable

NOTE: Parent or Guardian MUST stay in the building during and after procedure. Please bring something with you to help pass the time (i.e. laptop, reading material).

ADDITIONAL INSTRUCTIONS: _____

I have received and read the above instructions. If I am unable to comply, I will notify my surgeon and the Pre-operative Surgical Unit, (561) 863-3975 Patient’s (Guardian)

Signature: _____ Relationship: _____ Date _____