

WALTER M. ROTKIS, MD
1221 Madison Street, Suite 1420
Seattle, WA 98104
(206) 386-2516

OUT-PATIENT SURGERY PRE-OPERATIVE INSTRUCTIONS

SURGERY DATE: _____

LOCATION: Swedish Eye Center
1221 Madison Street
6th Floor of the Arnold Medical Pavilion

CHECK-IN TIME: _____

(This time is tentative and may be subject to change until the day before surgery. Changes in the schedule may occur if there has been a previous cancellation or emergent addition of another patient that day.)

PLEASE CHECK IN AT THE ARNOLD MEDICAL PAVILION IN:

Dr. Rotkis' office _____
Suite #1420

Swedish Eye Center _____
6th Floor

1) DO NOT EAT OR DRINK ANYTHING AFTER: _____

(This includes gum, mints, and coffee.) **IF YOU DO NOT FOLLOW THIS INSTRUCTION, YOUR SURGERY WILL BE RESCHEDULED!**

Note: If you are diabetic, please call the office the day before your surgery to receive instructions.

- 2) WASH OFF ALL TRACES OF HAIRSPRAY, MAKEUP, OR PERFUME, AND DO NOT WEAR JEWELRY ON THE DAY OF YOUR SURGERY.
- 3) Take any NECESSARY medications with a minimal amount of water. All other medications may be taken after your surgery.
- 4) You will need to bring your insurance cards/medical coupons with you on the day of surgery for patient registration at the surgery center.
- 5) After surgery, you will not be able to drive. Please make arrangements for this. Please have a friend or relative prepared to pick you up on the 6th floor at check-out time (usually 4-5 hours after your scheduled check-in time).

YOU MAY NOT USE ANY FORM OF PUBLIC TRANSPORTATION TO DRIVE YOU HOME ON THE DAY OF SURGERY. THIS INCLUDES ACCESS BUSES, SHUTTLE SERVICES, AND TAXIS.

If you have any questions or concerns, please call (206) 386-2516 and ask for the surgery coordinator.