



Endovascular And Interventional Associates

Specializing in Minimally Invasive Diagnosis and Treatment

100 Medical Center Blvd Ste 118

Conroe, TX 77304

Tel: (936) 539 4031

Fax: (936) 539 4537

**PROCEDURE SCHEDULED ON: _____ AT _____ AM / PM
ARRIVE AT THE HOSPITAL 1 ½ HOURS PRIOR TO YOUR PROCEDURE AT _____.**

PRE-OP INSTRUCTIONS FOR _____ GUIDED THYROID BIOPSY

1. TAKE ALL PRE PROCEDURE MEDICATIONS AS PRESCRIBED
2. IF YOU ARE UNCERTAIN WHEN TO ARRIVE, WHAT MEDICATIONS TO TAKE, OR ARE GIVEN ANY UNCLEAR INSTRUCTIONS, PLEASE CALL THE OFFICE AT (936) 539-4031.
3. DO NOT EAT OR DRINK ANYTHING AFTER _____ BEFORE YOUR PROCEDURE. YOU SHOULD TAKE YOUR MEDICATIONS AS DIRECTED WITH A SIP OF WATER.
4. DO NOT TAKE ASPIRIN OR ASPIRIN LIKE PRODUCTS (ADVIL, ALEVE, NAPROSYN, VIOXX, CELEBREX, ETC.) AT LEAST (2) DAYS BEFORE YOUR PROCEDURE. PLAVIX AND PLETAL MAY STILL BE TAKEN BEFORE THE PROCEDURE.
5. IF YOU ARE ON COUMADIN PLEASE NOTIFY THE STAFF AND FOLLOW THEIR INSTRUCTIONS
6. PRE-REGISTRATION AND LAB WORK MUST BE COMPLETED 3-5 DAYS BEFORE THE PROCEDURE, PLEASE CALL (936) 539-7117 TO SCHEDULE AN APPOINTMENT.

*****PRE-REGISTER ON: _____ AT _____.*****

7. HAVE SOMEONE DRIVE YOU TO AND FROM YOUR PROCEDURE.

**** IF YOU ARE DIABETIC: PLEASE NOTIFY THE STAFF OF ALL THE TYPES OF MEDICATIONS YOU ARE TAKING, INCLUDING INSULIN, SOME MEDICATIONS MAY NEED TO BE HELD OR CHANGED.**

POST THYROID BIOPSY INSTRUCTIONS

1. AVOID STRENUOUS ACTIVITY OR LIFTING OVER 10lbs. FOR 48 HOURS
2. RESUME TAKING ALL MEDICATIONS AS PRESCRIBED.
3. SOME DISCOMFORT IS EXPECTED AFTER THE PROCEDURE. IF YOU HAVE EXCESSIVE SWELLING, SEVERE PAIN, OR BLEEDING CALL OUR OFFICE AT (936) 539-4031 GO THE CLOSEST EMERGENCY ROOM OR CALL 911.
4. THE RESULTS WILL BE AVAILABLE IN 48 TO 72 HOURS AFTER THE PROCEDURE. CONTACT YOUR PRIMARY DOCTOR FOR THE RESULTS.

**PATIENT
SIGNATURE: _____**