



CHARLOTTE EYE
EAR NOSE & THROAT
ASSOCIATES, P.A.
Established 1923

INSTRUCTIONS FOR OUTPATIENT SURGERY AT CMC-Union

Patient's Name: _____

Physician: Scott L. Jaben, M.D.

Procedure: Cataract extraction with intraocular lens implant _____ eye

Date of Surgery: TUESDAY, _____

Location of Surgery: CMC-UNION-Monroe, NC

Approximate Time of Arrival: _____

1. Bring this form, your insurance information, doctor's orders, or any other forms your doctor has given you.
2. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.**
3. The hospital will call you prior to surgery.
4. Wear comfortable clothing-something easy to take off and put on.
5. **DO NOT WEAR MAKE-UP OR NAIL POLISH.**
6. **DO NOT WEAR JEWELRY** (watch, wedding rings, or other rings, necklaces, etc.). Please leave these items at home.
7. Arrange to leave all personal items and valuables (billfold, pocketbook, eyeglasses, etc.) with a family member.
8. Please arrange to have someone accompany you to surgery and take you home. You will not be able to drive yourself home. The telephone number of the person taking you home must be given at the time of registration.
9. Please bring medications you are presently taking with you on the day of surgery.
10. **IF FOR ANY REASON YOU CANNOT KEEP YOUR SURGERY DATE, PLEASE CALL AS SOON AS POSSIBLE PRIOR TO THE DAY YOUR SURGERY IS SCHEDULED.**

**ONE-DAY RECHECK WITH DR. JABEN:
WEDNESDAY, _____, MONROE OFFICE**