



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

INSTRUCTIONS FOR OUTPATIENT SURGERY

Patient's Name: _____

Physician: Scott L. Jaben, M.D.

Procedure: Cataract extraction with intraocular lens implant _____ EYE

Date of Surgery: MONDAY, _____

Location of Surgery: Presbyterian Hospital – HUNTERSVILLE, NC 704-316-6000

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 in the original labeled bottles that you are presently taking.

**ONE-DAY RECHECK WITH DR. JABEN:
TUESDAY, _____, HUNTERSVILLE OFFICE**