



Elyria Foot Clinic Inc.
North Coast surgery Center, LLC
Dr. George Costaras
1170 E. Broad Street, Suite 104
Elyria, Ohio 44035

Phone: 440-366-6029
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PRE-SURGICAL INSTRUCTIONS

1. **Do not** drink or eat anything after midnight the night before surgery.
2. Wear loose comfortable clothing on the day of your procedure.
3. **Do not** wear any jewelry this includes any body piercing(s) as well. Please leave at home in a safe place.
4. If you have a pacemaker please be sure to inform us prior to surgery.
5. **Please bring all prescription medication that you are currently taking in their prescribed containers.**
6. If you are currently taking any medication, consult with the prescribing doctor to determine if you should take it the morning of surgery.
 - a. If you are on high blood pressure medicines you should take the medicine with a small sip of water the morning of surgery.
 - b. If you are diabetic, consult your primary care physician.
7. Scrub the foot and **shave** any hair from the foot the day before surgery.
8. Mark the foot to be operated on with an "X" with an indelible ink marker, or write "NO" on the opposite foot.
9. Arrange for transportation home after surgery. You may not drive yourself home.
10. Prescriptions, if needed, will be given on the day of surgery.
11. A surgical shoe and medicated ointment may be prescribed for you after surgery. These can be purchased here at our office along with any bandages or dressings that may be needed for a minimal cost as compared to what you would pay at the drug store. Typically you can expect to pay \$20 to \$60 dollars on the day of surgery.
12. It is the **PATIENT'S RESPONSIBILITY** to make financial arrangements prior to surgery. If you are using any insurance, check with the carrier regarding deductibles, co-payments, mandatory second opinions, pre-certifications, required referrals, participating providers or hospitals.
13. Bring any disability forms with you which need to be filled out for your employer. We will complete them and forward them as instructed by you.
14. Please call us anytime if you have any questions or concerns at 440-366-6029

PATIENT SIGNATURE _____

DATE _____