

THE DAYS BEFORE SURGERY::

To minimize the risk for bleeding during surgery, bruising afterwards, and possible compromise of your surgical outcome, it is important that you review the following lists.

These medicines should be stopped two weeks prior to your surgery, please review the list carefully. These medicines are aspirin-like and are used to treat heart conditions and inflammatory conditions such as arthritis.

If you are taking any of these medicines on the advice or direction of a physician, you should consult that doctor before making any changes.

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Acetylsalicylic Acid	Buffaprin	Fiorinal	Salicylic Acid
Alka-Seltzer	Bufferin	Magnaprin	Triaminicin
Anacin	Buffex	Measurin	Trigesic
Arthritis Pain Relievers	Buffinol	Midol	Ursinus
ASA	Ecotrinol	Momentum	Vanquish
Ascriptin Empirin	Excedrin	Norgesic	Zorprin
Aspergum	4-Way Cold Tablets	Panwarfin	
Aspirin		Plavix	

The following medicines need to be stopped at least 5 days prior to surgery:

Advil	Fenoprofen	Medipren	Ponsteel
Anaprox	Flurbiprofen	Monogesic	Rufen
Ansaid	Genpril	Motrin	Salsalate
Anturane	Haltran	Nalfon	Salsitab
Butazolidin	Ibuprin	Naprosyn	Sulindac
Clinoril	Ibuprofen	Naproxen	Tolectin
Diclofenad	Indameth	Nuprin	Tolmetin
Diflunisal	Indocin	Orudis	Tordol
Dipyridamole	Indomethacin	Pamprini	Trendar
Disalcid	Ketoprofen	Persantine	Voltaren
Dolobid	Meclodium	Phenylbutazone	
Feldene	Meclomen	Piroxicam	

___ Dr. Patrinely ___ Dr. Soparkar ___ has explained to me that there are possible complications of the surgery:

_____. I am aware of the meaning, possibility, and consequence of the following complications and wish to proceed with surgery as explained.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Excess tearing | <input type="checkbox"/> Infection | <input type="checkbox"/> Discomfort/Pain |
| <input type="checkbox"/> Scar formation | <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Undercorrection | <input type="checkbox"/> Loss of vision |
| <input type="checkbox"/> Overcorrection | <input type="checkbox"/> Loss of eyelashes | <input type="checkbox"/> Dry Eye | <input type="checkbox"/> Injury to the eye |
| <input type="checkbox"/> Double Vision | <input type="checkbox"/> Nerve damage with loss of Function | | <input type="checkbox"/> Incomplete removal of the tissue |
| <input type="checkbox"/> Other: _____ | | | |

Signature _____ Date _____

Witness _____ Date _____