

UN UROLOGY ASSOCIATES, P.C.

535 PLANDOME ROAD • MANHASSET, NY 11030
TEL: 516 627-6188 • FAX: 516 627-9387
WEBSITE: www.urologyassociatespc.com

Dear:

Your surgery is scheduled at:

NS Manhasset Hospital
300 Community Dr

St. Francis Hospital
100 Port Washington Blvd

NS Manhasset Hospital
Ambulatory Unit

Pre-Admission Date: _____ **Time:** _____

Procedure Date: _____ **Admission Time:** _____

Clearance Doctor: _____

*** **IMPORTANT:** See your Medical Doctor approx. a week prior to surgery, for medical clearance, and have it faxed to our office. Failure to do this may cause delay/cancellation of your surgery.

PLEASE DO NOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.

Non-Medicare patients - If we DO NOT participate in your plan, please call your private insurance carrier regarding up coming surgery, and bring insurance cards with you to Hospital.

*** Please refrain from taking any aspirin, aspirin products, Motrin, Advil, Persantine, Anti-inflammatory medication (celebrex, viox), and vitamin E 7-10 days before procedure. Eldepril must be stopped 10-14 days prior to surgery.

Tylenol (acetaminophen) is not an aspirin product and safe to use if needed.

Before stopping any medications check with your cardiologist or internist.

Call the surgery dept in our office if you are taking **coumadin/plavix**, or if you should have any questions regarding your hospital arrangements.

**516-627-6188, Extension 114
Fax: 516-627-9387**