

SCOTT J. ZEVON M.D., P.C.  
 PHONE (212) 496-6600  
 EMERGENCY PHONE (917) 612-3800

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**1. ACTIVITY LEVEL:**

	May do now	Wait until
Full		
Exercise		
Lifting		
Bending		
Driving		

**2. DIET**

- No change
- Light today
- Other-Specify:

**3. BATHING**

- No change
- Shower only
- Tub bath only
- Sponge only

Other-Specify:

**4. AFTER ANESTHESIA, YOU MAY HAVE:**

- Dizziness
- Muscle aches
- Muscle aches
- Nausea/Vomiting
- Sore throat
- Drowsiness & Dreams

FOR THE NEXT 24 HOURS:

- A) Do not drive or operate machinery
- B) Do not drink alcoholic beverages
- C) Take only medications prescribed by Dr. Zevon
- D) Defer any important decisions

**5. OTHER INSTRUCTIONS: YOU WILL BE GIVEN POST-SURGERY INSTRUCTIONS SPECIFIC TO YOUR SURGERY. FOLLOW ALL INSTRUCTIONS CAREFULLY. IN ADDITION,**

- Keep dressing clean & dry
- Other-Specify:

**6. MEDICATIONS**

- Prescriptions given; pharmaceutical information reviewed
- No prescriptions

Name of medication	Dose	Frequency

**7. COMPLICATIONS:** Notify Dr. Zevon if any of the following occurs:

- Bleeding that does not stop
- Pain not relieved by medication
- Swelling that continues
- Fever (temperature 101 E F or higher)

Other- Specify:

**8. FOLLOW-UP CARE**

- Make an appointment with Dr. Zevon for \_\_\_\_\_.
- We will contact you within 24 to 72 hours after your surgery.
- Patient wishes to be called at \_\_\_\_\_.
- Patient will call Dr. Zevon.
- Patient does not wish to be telephoned.

I UNDERSTAND AND ACCEPT THE ABOVE INSTRUCTIONS:

SIGNATURE OF PATIENT

RELATIONSHIP TO PATIENT

SIGNATURE OF GUARDIAN  
(IF PATIENT IS MINOR)

DATE & TIME

