

**PLEASE INFORM THE SCHEDULER IF YOU
HAVE A CURRENT OR PAST HISTORY OF
ANY OF THE FOLLOWING:**

SLEEP APNEA

C-PAP MACHINE

OXYGEN MACHINE

ARTHRITIS MEDICATION

BLOOD THINNERS

(including Coumadin, Aggrenox, Plavix, Platel)

BLOOD PRESSURE MEDICATION

ARTIFICIAL HEART VALVE

HEART MURMUR

MITRAL VALVE PROPLAPSE

PACEMAKER

DEFIBRILLATOR

HIP OR KNEE REPLACEMENT

DIABETES (TYPE I OR II & IF YOU TAKE ANY INSULIN)

PRE-MEDICATION BEFORE PROCEDURES