

Paramus  
37 West Century Road  
Suite 101  
Paramus, NJ 07652  
Phone: 201-634-9000  
Fax: 201-634-9014



Union  
2333 Morris Avenue  
Suite A121  
Union, NJ 07083  
Phone: 908-481-9511  
Fax: 908-481-9512

## IMPORTANT PROCEDURE INFORMATION

Surgical Facility      New Century Spine & Outpatient Surgical Institute  
37 West Century Rd.  
Paramus, NJ 07652  
Ph: 201 523 7800

Surgery Time      **THE SURGICAL CENTER WILL CALL  
YOU WITH TIMING INFORMATION**  
If you have not heard from them by 4:00pm  
on the day prior to your procedure please call.

### PRE-OP INSTRUCTIONS

- Stop all blood thinners/anticoagulants 7 days before your scheduled procedure (or as instructed by our office). This includes Aspirin, Ibuprofen, Advil, Motrin, Xarelto, Warfarin, Eliquis, Lovenox, and Zorprin.
- Stop all anti-inflammatories/NSAIDS 5 days prior to procedure this includes Aleve, Naproxen, Nabumetone, Relafen, Fish Oil/ Omega 3, Celebrex, Meloxicam and Midol.
- DO NOT eat or drink after midnight the night before your procedure. You need to be fasting in order to have procedure done. Please refrain from having candy or chewing gum 12 hours before procedure.
- For patients with Blood Pressure, Thyroid, Heart and/or Cholesterol medications, please take your morning pill with a sip of water on the day of procedure.
- Diabetic patients will be advised whether to take diabetes medications or not.
- Wear loose-fitting clothing; Do not wear makeup or perfume.
- Leave valuables at home.
- Bring a container to store your contact lenses, glasses and/or dentures, as you will not be permitted to wear them during procedure.
- Bring a list of your medications that includes the dosage and how often you take them.
- Transportation will be provided, if you inform the office 3 days prior to your procedure.
- You will not be allowed to drive yourself home after procedure.
- If you are in severe pain prior to your procedure, you may take Tylenol for the pain.
- **Cancellation must occur no less than 48 hours before procedure, or you will be subjected to a \$500.00 cancellation fee.**

Patient Signature: \_\_\_\_\_