Anthony J. Badame, M.D. ◆ 2025 Forest Avenue, Suite 9 ◆ San Jose, California 95128 ◆ (408)297-4200

PRE-OPERATIVE INSTRUCTIONS AND INFORMED CONSENT

1. Do not take aspirin; aspirin-containing products such as Bufferin, Anacin, and several cold remedies; non-steroidal anti-inflammatory agents such as Advil, and any other blood thinner, two weeks prior to and one week after surgery, unless your prescribing doctor advises otherwise. They may cause excessive bleeding. You are allowed to take Tylenol, if necessary.

2. Do not drink alcohol or take alcohol-containing medications such as NyQuil two weeks prior to surgery.

3. Please stop smoking two weeks prior to surgery.

4. Minimize your intake of Vitamin E and stop taking herbal remedies two weeks prior to surgery.

5. Please list the medications you are currently taking:_____

   _____

   Are you taking blood thinners? Examples: Coumadin, Lovenox, Plavix, Eliquis, Savaysa, Xarelto, Pradoxa. Please list:_____

   Please list any allergies (ie. antibiotics including Penicillin, pain medication, anesthetics, topical creams, Latex, other):_____

6. If you have a condition which requires pre-operative antibiotics (ie. artificial heart valve, joint replacement), please notify the office so an antibiotic can be prescribed.

7. Please complete the below health history:

Yes	No		Yes	No		Yes	No	
☐	☐	Latex Allergy	☐	☐	Wound Healing Problems	☐	☐	Thyroid Disease
☐	☐	Bleeding Problems	☐	☐	Thickened Scars	☐	☐	Kidney Disease
☐	☐	Anemia	☐	☐	Double Jointed	☐	☐	Liver Disease
☐	☐	High Blood Pressure	☐	☐	Pigmentary Problems	☐	☐	Muscle/Bone Disease
☐	☐	Heart Disease	☐	☐	Breathing Problems	☐	☐	Arthritis
☐	☐	Heart Murmur	☐	☐	Fainting/Dizziness	☐	☐	Hepatitis/Jaundice
☐	☐	Pacemaker	☐	☐	Nervous Problems	☐	☐	HIV Disease
☐	☐	Implantable Defibrillator	☐	☐	Headaches	☐	☐	Tuberculosis
☐	☐	Artificial Heart Valve	☐	☐	Seizures	☐	☐	Rheumatic Fever
☐	☐	Joint Replacement	☐	☐	Glaucoma	☐	☐	Diabetes
☐	☐	Require Pre-op Antibiotics						

Dr. Badame and staff have explained carefully the risks and benefits of the procedure in addition to explaining alternatives and their attendant risks and benefits. They also have explained the risks and benefits of doing nothing and/or refusing treatment.

I have had the opportunity to ask questions about the procedure, its limitations, and possible complications which include but are not limited to bleeding and bruising, infection, and scarring. There is no guarantee that the expected or anticipated results will be achieved.

I also give permission for before and after photographs of the involved areas to be taken and used for medico-legal documentation, and general patient and public education.
(By checking the following box: ☐, I do not give permission for use of before and after photographs other than medico-legal documentation.)

Please sign and return form.

Patient Signature_____ Date_____

Print Name_____