



# ZUROLOGY

**Michael P. Zahalsky, MD - Mini Varghese, MD – Christopher Hollowell, MD  
Melissa N. Marchand, PA-C - Monika A. Kulik, PA-C – Jacquelyn L. White, PA-C  
5850 Coral Ridge Drive, Suite 106, Coral Springs, FL 33076  
2951 N.W. 49<sup>th</sup> Avenue, Suite 308, Ft. Lauderdale, FL 33313  
(954) 714-8200 Phone (954) 840-2626 fax  
www.ZUROLOGY.COM**

---

## PRE-Operative Checklist

- **No more than 30-days prior to Procedure:**
  - If required, medical clearance from Primary Care Physician that states there are no contraindications to surgery/procedure.
    - CBC, BMP, PT/PTT, Chest X-Ray, and EKG
- **7-10 days prior to procedure:**
  - Discontinue Aspirin, Plavix, Coumadin, Warfarin, or any Anti-Inflammatory medications (ibuprofen, Aleve, Motrin, Etc).
- **Night Before Procedure:**
  - Consume no food or beverage after midnight prior to procedure.
  - If you need to take medication(s) you can do so with a small sip of water
  - Do not smoke, chew gum, or suck hard candy after midnight before the procedure
- **FYI:**
  - Arrange for a responsible adult to accompany you to and from hospital before and after the procedure.
  - Ensure that appropriate follow-up appointment has been arranged upon discharge from the hospital

**If you have any questions, please feel free to contact the office at (954) 714-8200**

---

**Please check all that apply: Patient Name:** \_\_\_\_\_

**YES                      NO                      MEDICAL CLEARANCE**

**Allergies:**

**Do you:**

- Take Aspirin, Plavix, Coumadin, Warfarin and/or any blood thinners
  - Smoke, do recreational drugs, or drink alcohol. If so (packs per day, type, ounces)
  - Take any other medications (i.e. for diabetes, high blood pressure, BPH, etc.)
- 

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_