OFFICE PROCEDURES:

HMO insured patients may require a referral or precertification.

**Discontinue** taking any aspirin, aspirin products seven (7) days before your test (and seven (7) days after a biopsy is performed. Tylenol is permitted during this time period.

Driving is prohibited the day of your test. You will need a ride home from a friend or family member. Note: Public transportation is NOT acceptable.

Your procedure will take approximately one (1) hour.

**Do NOT wear nail polish or perfume** the day of your procedure.

Please report to our office on ____________________________

at __________________. Your appointment will begin at approximately _______________.

====================================================================

HOSPITAL PROCEDURES:

HMO insured patients may require a referral or precertification.

**Discontinue** taking any aspirin, aspirin products seven (7) days before your test (and seven (7) days after a biopsy is performed. Tylenol is permitted during this time period.

Driving is prohibited the day of your test. You will need a ride home from a friend or family member. Note: Public transportation is NOT acceptable.

Do NOT wear nail polish or perfume the day of your procedure.

Your will be in the hospital for approximately 3-4 hours.

Please call Preadmission Unit (PAT) at (609) 267-1961 by 5pm the following day to schedule your preadmission testing:

Preadmission testing is scheduled on ____________________________ at _____________________.

Report to Memorial Hospital of Burlington County, 2nd Floor, “Same Day Surgery Unit” on ____________________________.