

Moeller Dermatology, LLC
1911 N Webb Road
Wichita, KS 67206
(316)682-7546 Office (316)682-7554 Fax

PREOPERATIVE INSTRUCTIONS FOR PATIENTS

1. You have been scheduled for outpatient surgery to be performed at our office. Please use the main entrance. It is very important that you arrive on time for this surgery, and if for some unforeseen reason you are unable to keep your appointment, please notify the office as soon as possible so that the operating room time can be rescheduled. For any missed appointments that have not been cancelled at least 24 hours prior to your scheduled surgery time, you will be billed \$100.00 to cover our overhead costs.
2. **Please schedule your procedure for a time when you will be in town for at least three weeks after your surgery for suture removal and possible post-op complications. Depending on the location of your procedure, you may be required to be off your feet for 48 hours and your activities may be restricted for up to three weeks.**
3. The procedure to be performed is usually done under local anesthesia, which involves some discomfort. The discomfort is usually short lived and well tolerated. You should eat a light meal before your surgery unless otherwise instructed.
4. If you are on **Aspirin** or blood thinners such as Plavix, Persantine, Dipyridamole, Coumadin, or Alcohol please notify the office as these may affect your surgery.
5. If you have an artificial joint, such as knee or hip, any artificial heart valve or blood vessel, or any heart valve problem, be sure to let the physician or nurse know as we may want to prescribe antibiotics at the time of the surgery.
6. It is advisable to wash the area of skin to be operated on the evening or morning prior to the surgery with a good antibacterial soap such as Safeguard.
7. If you have any fever, illness or cold sores developing immediately prior to your surgery, it is important that you notify the office as soon as possible as this may affect the timing of your surgery.
8. You should inform the nurse or doctor of any drug allergies or sensitivities that you may have.
9. **ALL PATHOLOGY SPECIMENS WILL BE PROCESSED LOCALLY, BUT WILL BE INTERPRETED BY AN OUT OF STATE BOARD CERTIFIED DERMATOPATHOLOGIST. YOU MAY RECEIVE A SEPARATE BILL FROM OUT OF STATE.**

If you have any questions regarding your procedure, please call (316) 682-7546 and ask for _____ Surgery Desk_____.

We will be happy to help you.

Appointment **Date:**

Time: