



For the Treatment of Acute and Chronic Painful Disorders

Your arrival time is approximately one hour prior to your procedure time. You must have a designated driver prior to checking in with the receptionist before your scheduled procedure begins.

Failure to follow any of these procedure confirmation guidelines may result in cancellation of your procedure.

505 East Airport Drive
Baton Rouge, LA 70806
Telephone: 225-923-2448
Toll-Free: 866-885-9710
Facsimile: 225-923-3488
www.MyPainTreatment.com



114 Jefferson Davis Boulevard
Natchez, MS 39120
Telephone: 601-442-5382
Toll-Free: 800-861-1002
Facsimile: 601-442-5106
Evening: 601-442-5401

Arnold E. Feldman, M.D.

*Specialist in Pain Management Diplomate, American Board of Anesthesiologists
Diplomate, American Academy of Pain Management*

Procedure Confirmation

Patient Name: _____

Procedure: _____

1. Date: _____ Arrival Time: _____
2. Date: _____ Arrival Time: _____
3. Date: _____ Arrival Time: _____

Please arrive at the time listed above. These instructions are very important for the success of your procedure and your own health and safety. If you have any questions regarding your preop or procedure, please call the office before the date of your preop appointments or procedure. Here are a few instructions for your procedure:

1. **Do Not** eat or drink anything for 8 hours before your appointment time, this is for your safety while under sedation/anesthesia.
2. **Do Not** take any blood thinners for 5 days before your procedure. (Note: this includes Aspirin, Vitamin E, and anti-inflammatory medications such as – Ibuprofen, Aleve, Naproxen, and Celebrex. Please call and speak to a nurse about any herbal medications.)
3. **Do** take your pain medication, heart medication, and/or blood pressure medication with a sip of water on the day of your procedure.
4. **If you are diabetic**, do not take your scheduled insulin or oral medications the day of the procedure but you **MUST** bring these medications with you on the day of the procedure.
5. **Do Not** plan on driving yourself home. You will not be allowed to drive for 24 hours after your procedure. Please make transportation arrangements prior to the date of your procedure.
6. **Do Not** chew gum/mints 6 hours before procedure.

Again, if you have any questions or concerns regarding your scheduled preop appointments or procedure, feel free to contact our office.

Appointment Confirmation for Preoperative Testing

Chest Xray - 455 E Airport Drive

Date _____ Time _____

Diagnostic Xray - 455 E Airport Drive

Date _____ Time _____

Labs - 505 E Airport Drive

Date _____ Time _____

EKG - 505 E Airport Drive

Date _____ Time _____

MRI - 505 E Airport Drive

Date _____ Time _____

CT - 505 E Airport Drive

Date _____ Time _____

Spinal Cord Stimulators

Psych Clearance for Implant Dr. Kenneth Todd 225.923.3331

Dr. Curtis Vincent 225.769.3700

Date _____ Time _____

Stimulator Trial

Date _____ Time _____

Surgical Eval Dr. Dennis

Date _____ Time _____

3401 N. Blvd Suite 100 Baton Rouge, LA70806

225.381.2650

Thank you for your help and cooperation and we wish you a speedy recovery!