



Radiofrequency Venous Ablation Pre-Procedure Instructions

Request:

- Please **DO NOT** bring children under the age of 10 to the procedure
- Please arrive **30 minutes early** for your scheduled appointment. If you are more than 15 minutes late, you will be rescheduled
- Please arrange for **someone to drive you to and from** the procedure

Preparing for the procedure:

48 hours before	<ul style="list-style-type: none">• DO NOT take blood thinners such as Warfarin (Coumadin), Eliquis (Apixaban), Xarelto (Rivaroxaban), Pradaxa (Dabigatran Etexilate), Savaysa (Edoxaban)<ul style="list-style-type: none">○ Get an INR test 2 to 3 days before your appointment• You may continue Aspirin, Plavix, Brilinta (ticagrelor), or Effient
24 hours before	<ul style="list-style-type: none">• DO NOT smoke• DO NOT drink alcohol• DO NOT eat or drink anything that contains caffeine (coffee, tea, chocolate, sodas, energy drinks, some pain relievers, noncaffeinated, decaffeinated, and caffeine-free products)• DO NOT wear compression stockings one day before and on the day of your procedure• Drink lots of fluids
Morning of appointment	<ul style="list-style-type: none">• DO NOT use any creams, lotions, ointments, oils, or powders over your legs the day of the procedure• Wear loose-fitting comfortable clothing: 2 piece and easy slip-on shoes NO jumpsuits, overalls, or one-piece dresses• DO NOT wear compression stockings• Please bring a list of medications and/or actual bottles (including over the counter and herbal supplements). We need complete medication names & dosages. Please do not assume the doctor's office has your most updated list.<ul style="list-style-type: none">○ Sometimes blood pressure medications are combination meds which may include a diuretic. If you have any doubts or are unsure which medications you should take, bring everything with you and we can help you decide which meds to take.



Elite Cardiovascular Group
Dr. Nalluri & Dr. Asti

- If you use an inhaler, please bring it with you to your appointment
- Please inform **if you are pregnant, breast feeding, or think you may be pregnant.**
- Please inform if you have diabetes or asthma.
- If you are unable to make it to your scheduled appointment, please call 972-572-1600 **at least 24 hours ahead to avoid a \$30 tech fee.**
- If you have a double study and are unable to make it to your scheduled appointments, please call 972-572-1600 **at least 48 hours ahead to avoid a \$80 tech fee.**
- Dr. Nalluri or Dr. Asti will discuss the procedure results

Ultrasound Imaging Waiver

You have been scheduled for an Ultrasound Imaging study. This procedure requires us to schedule a consulting Ultrasound Technologist who charges a fee per ultrasound. By signing this form, I understand that I am responsible for the technologist fee and agree to pay the applicable amount as mentioned above if I do not show up for my scheduled appointment(s) or give a notice to cancel or reschedule.

_____ X _____ X _____
Date Patient Signature Witness Signature