



**PAIN SERVICES DISCHARGE INSTRUCTIONS  
DR. CAROL SUE CARLSON**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Your follow-up **injection** is scheduled for: \_\_\_\_\_ at OakLeaf. You will receive a call two days before your appointment to confirm your arrival time. Please remember to stop all anti-inflammatory medications 5 days before your appointment if instructed by Dr. Carlson’s office. All blood thinning medications will need a doctor’s order before stopping.

Your follow-up **office** appointment is for: \_\_\_\_\_ at Eau Claire CVO  
at Chippewa Falls CVO  
at OLVH in Stanley

**( ) Local Patient:**

- No restrictions – follow directions previously given by your doctor.
- No change in medication.
- Follow-up appointment as scheduled.
- May apply ice to area as needed.
- May eat and drink as desired.
- May remove bandaid after 6 hours.

**( ) Sedation Patient:**

- Follow-up appointment as scheduled.
- No driving or operating machinery for 24 hours.
- No important business or personal decision for 24 hours.
- No alcoholic beverage including beer for 24 hours.
- May apply ice to area as needed.
- May not be alone for 4 hours after procedure.
- May eat and drink as desired.
- May remove bandaid after 6 hours.
- No change in medication.

No flu shots or other vaccinations 7 days before or after an injection

**Call your doctor if:**

- **Temperature is greater than 101 degrees.**
- **Heavy bleeding.**
- **Uncontrolled pain not relieved by pain medication.**
- **Nausea/vomiting.**

**PHYSICIAN PHONE NUMBER:**

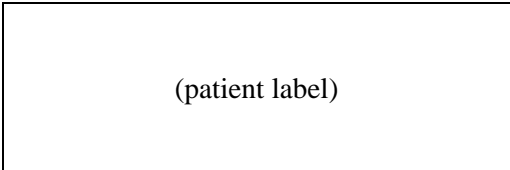
- **Toll Free: 1-800-322-1747**
- **Eau Claire 715-832-1400**
- **Chippewa Falls 715-723-8514**

OAKLEAF SURGICAL HOSPITAL PHONE NUMBER: 715-831-8130

A nurse from OakLeaf Surgical Hospital will be contacting you after discharge to check your progress and answer questions. If we are unable to reach you by phone, a follow-up letter will be sent to you.

Responsible Party/Driver \_\_\_\_\_

Relationship \_\_\_\_\_ Witness \_\_\_\_\_



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