



**Your Botox Procedure has been scheduled for \_\_\_\_\_ at  
\_\_\_\_\_ with Dr. \_\_\_\_\_.**

Arrival time for your procedure is \_\_\_\_\_.

**Your Procedure(s) will be at:  
Phoenixville Hospital  
140 Nutt Road, Endoscopy Unit,  
3rd Floor, Phoenixville, PA 19460  
South Registration  
(610) 983-1000**

*Please bring a photo id, insurance card, referrals (if needed), a current medication list including dosages and any chronic pain medications you are taking with you. It is your responsibility to make arrangements to pick up any referrals needed prior to the procedure. You are responsible for any copay at the time of your arrival. Please help us to serve you better by keeping your scheduled appointment or by contacting us within 24 hours of your scheduled appointment to re-schedule. Failure to show for your procedure or cancelling your procedure less than 48 hours from your appointment time may result in a \$100.00 fee.*

**SPECIAL INSTRUCTIONS REGARDING MEDICATIONS**

**If you take the following medications, you must see you see your Cardiologist and get cleared to STOP this medication. Please see your Cardiologist immediately after scheduling this procedure.**

Aspirin 325mg Coumadin (Warfarin) Plavix Pradaxa  
Effient Xarelto Eliquis Any other Prescribed Blood Thinners

**The day of the procedure the following medications may be taken with a small sip of water only.**

- a. Seizure Medications
- b. Anxiety Medications
- c. Asthma Medications
- d. Chronic Pain Medications
- e. Parkinson’s Medication
- f. Restless Leg Syndrome Medication
- g. Cardiac and Blood Pressure Medications except diuretics (water pills).

**IF YOU ARE UNSURE ABOUT MEDICATIONS PLEASE CALL (484) 938-4030**

## **Botox Prep Instructions**

### **The Day Before Your Procedure**

- Absolutely **NO** solid foods
- Your Clear Liquid diet begins the moment you wake up
- Examples of clear liquids include:

**(AVOID RED & PURPLE COLORS, NON PULP, NO CREAM, NO NON DIARY CREAMER OR MILK)**

Water, Black Coffee, Plain Jell-O, plain Tea, Kool-Aid, Gatorade, Clear broth, Lemonade, Sport drinks, Vitamin water, Chicken/Beef/Vegetable broth, Apple juice, White grape juice, Carbonated Beverages (Coke, Diet Coke, Sprite, Ginger Ale, etc.) Popsicles without pieces of fruit, Water Ice without pieces of fruit

**DO NOT DRINK ANYTHING 4 HOURS PRIOR TO YOUR PROCEDURE  
IF YOU ARE HAVING PROBLEMS WITH YOUR PREP PLEASE CALL  
(484) 938-4030**

## **IMPORTANT NOTICE**

**You will be under sedation for your procedure. It is a Federal requirement that you get a ride home from a family member or responsible adult.**

- **You may NOT take an Uber, Taxi, or Bus home after your procedure, unless you are accompanied by a responsible adult.**
- **You may NOT walk home after your procedure.**

### **Morning Procedures:**

If your procedure is in the morning your ride should be ready to pick you up within **90 minutes of your scheduled procedure time.**

### **Afternoon Procedures:**

If your procedure is scheduled **after 12:00pm, your ride is required to wait for you in the waiting area until you are ready for discharge.**