



420 West Linfield-Trappe Road, Building B, Suite 102, Limerick, PA 19468

Phone: 484.938.4030 Fax: 484-938-4040

Your Botox Procedure has been scheduled for _____ at _____.

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.

- Seizure Medications
- Anxiety Medications
- Asthma Medications
- Chronic Pain Medications
- Parkinson's Medication
- Restless Leg Syndrome Medication
- Cardiac and Blood Pressure Medications except diuretics (water pills).

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



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Botox Prep Instructions

The Day Before Your Procedure

➤ Absolutely **NO** solid foods

- Your Clear Liquid diet begins the moment you wake up. **AVOID RED OR PURPLE COLORED DRINKS**

➤ Examples of clear liquids include: **(AVOID RED & PURPLE COLORS)**

Water

Black Coffee

Plain Jell –O

Plain Tea

Kool-Aid

Gatorade

Clear broth

Lemonade

Apple juice

Carbonated Beverages (Coke, Diet Coke, Sprite, Ginger Ale, etc.)

Popsicles and Water Ice (CANNOT CONTAIN PIECES OF FRUIT)

DO NOT DRINK ANYTHING 4 HOURS PRIOR TO YOUR

PROCEDURE

**IF YOU ARE HAVING PROBLEMS WITH YOUR PREP PLEASE CALL PMA AT
(484) 938-4030.**



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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.