PRE-PROCEDURE INSTRUCTIONS FOR STEREOTACTIC BIOPSY

Patient Name:_____

Date of Birth:_____

Physician:_____

Phone #s: (Hm)_____(w)_____

Biopsy: Right_____ Area(s) Left_____ Area(s)

Registration Date & Time: _____ APPT. TIME:_____

Inform patient as follows:

1. Are you taking any of the following medications: Anticoagulants (Coumadin, Heparin, Plavix)?
(If so, please check with your physician before discontinuing your medication. Discontinue 5 days prior to procedure and arrange for blood tests to be done on the 6th day or 1 day prior to biopsy.)

2. Do not take aspirin or arthritis medication (Celebrex, Ibuprofen, Advil, Motrin, Vioxx) for 5 days prior to procedure. Do not take large doses of herbal supplements or vitamins (vitamin E, fish oil, garlic, echinacea, ephedra, gingko, ginseng) for one week. Tylenol is okay.

3. Where was your mammogram done? If films are not here, please arrange to have them delivered to us or bring them with you on the day of your procedure.

4. Did you have an ultrasound of the breast?

5. Did your doctor explain the stereotactic procedure to you? (If not, explain procedure to patient.) The booklet "A Woman's Guide to Breast Cancer Diagnosis and Treatment" will be sent to you to help answer questions you may have.

6. Do you have: Cardiac problems
Diabetes
Allergies (Are you allergic to anesthesia or epinephrine?)

7. Will you be able to lie on your stomach for about 1 hour?

8. How much do you weigh? _____ (Table limit is 300 lbs.)

9. Do you have any other health problems that we need to know about before this procedure?

10. You do not have to fast before the procedure. You may eat light.

11. A comfortable two-piece garment and bra should be worn.

12. Avoid using talcum powder or deodorant on the day of your biopsy.

13. It is recommended that you have someone drive you home after your procedure.

14. Do you have any questions?

_____ _____
TECHNOLOGIST (DBS) DATE

_____ _____
SCHEDULER DATE