



Patient: _____

Appointment Date: _____ Appointment Time: _____

Instructions for ESI Procedure

1. You MUST have a driver.
2. You may eat and drink as normal.
3. STOP Aspirin or Aspirin affiliated medications five (5) days before your appointment which will be _____.
4. STOP all Blood Thinner medications five (5) days before your appointment which will be _____ **unless you are on a blood thinner for cardiac related reasons. If so, please call our office as we will need to obtain a cardiac clearance from the physician who placed you on the blood thinner.**
5. Take all other medications as directed with a small sip of water.
6. Expect to be at your appointment at least 30 minutes to 1 hour.
7. If Diabetic closely monitor your BG for 24 hours after and follow-up with your Primary Care Provider (PCP) if there are issues.

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