



Anderson Medical Center
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Boulder CO 80303

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Louisville, CO 80027

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Phone 303.449.3642 Fax 303.440.7298

To avoid cancellation charges, please provide 3 business days notice if you need to cancel or change your procedure date!

Procedure Date: _____ **Check-in time:** _____ **Location:** _____

Follow-up appointment date/time/location: _____

INSTRUCTIONS FOR ENDOVENOUS LASER TREATMENT/ MICROPHLEBECTOMY PAPERWORK

Enclosed you will find the following:

- Consent form
- Pre-op instructions
- Post-op instructions
- Prescription for Valium (someone **MUST** drive you to and from your procedure)

Please read all information thoroughly.

1. You will need to sign your consent form after reading and prior to taking Valium. Please be sure to **BRING THE SIGNED CONSENT WITH YOU TO YOUR PROCEDURE.**
2. Please keep the pre-op instructions and post-op instructions and refer to them as needed.
3. **EVLT and EVLT/Microphlebectomy procedures only:** NO CAFFEINE prior to your procedure. If you consume caffeine your procedure may need to be rescheduled.
4. **Microphlebectomy ONLY (without EVLT)** you may drink caffeine prior to your procedure without restriction. If you are unsure of which procedure you are having, please contact the office to verify.
5. Please bring your compression stockings with you.
6. Please **ARRIVE 15 minutes** prior to scheduled appointment time.

If you have any questions please contact us at 303-449-8346