



Patient Treatment Instructions (Reminder List)

(Keep this where you will see it daily)

Patient Name: _____ Date of Birth: _____

Treatment Diagnosis: _____ Office Hours: 8 am - 5 pm Office #: (859) 420-6362

Items to be removed BEFORE each treatment

Deodorant	Ointments
Lotions	Perfume/Cologne
Hair Spray/Gel	Jewelry/Watch
Loose Dentures	Hearing Aid(s)
Hard Contact Lenses (Soft are ok)	

DO NOT DO LIST

No Smoking (2 hours before and after)
No Drinking Alcohol
No Carbonated Drinks

DIABETES

Diabetic patients should eat before treatments and check blood sugar before leaving home.

Blood sugar will drop during treatments. The amount varies from patient to patient.

- If blood sugar is **more than 200** mg/dl, take insulin and/or oral medications.
- If blood sugar is **less than 200** mg/dl, only take long-acting medications.

ALL PATIENTS

- ❖ BEFORE treatment, use restroom or empty foley bag
- ❖ Eat before each treatment

I acknowledge and have reviewed this document and understand the importance of the above information and failure to comply with items listed above may result in delay of care and/or termination of treatment.

Patient Signature: _____ Date: _____ Time: _____

Staff Witness: _____ Date: _____ Time: _____