



APPOINTMENT REMINDER: PLEASE GIVE TO PATIENT

ACCESS INSTRUCTIONS

Date: _____ Patient Name: _____

You have an appointment at: **FOOTHILL DIALYSIS ACCESS CENTER - UPLAND**
Located at: **1317 West Foothill Blvd., Suite 110, Upland CA 91786**

On: _____ **At:** _____

Procedure: _____

If you are unable to keep this appointment, please call **(909) 982-4040** to reschedule.

11 Steps To Make Your Appointment A Success

1. Please arrive 15 minutes before your appointment time for pre-registration.
2. Please bring your insurance card(s) with you to your appointment.
3. You must have someone with you who can drive you home. You may be given medication that will make you drowsy.
4. Please do not bring any valuables with you; no jewelry, no money, etc.
5. Please do not wear any makeup or fingernail polish,
6. Please wear comfortable clothing. You will be changing into a hospital gown for your procedure.
7. Please do not eat or drink anything within 8 hours of your appointment.
8. Consult your referring physician regarding taking your regularly prescribed medications. Do not take any medications that your physician hasn't recommended: i.e. aspirin, vitamins, etc. **DO NOT TAKE ANY BLOOD THINNERS: i.e. COUMADIN, etc.**
9. If applicable, do not take insulin, **but**, check your blood sugar. Contact your physician immediately with any concerns related to your sugar level status.
10. If applicable, please **take** your **blood pressure medicine** with a sip of water before you come to your appointment.
11. Following your procedure, **DISCHARGE INSTRUCTIONS** will be provided for you. Please follow these instructions, unless advised otherwise by your physician.

HOURS OF OPERATION: 7:00 a.m. - 3:30 p.m.

(subject to change)