



## **PATIENT PRE-OFFICE HYSTEROSCOPY / D&C INSTRUCTIONS**

1. Arrive at the CReATe IVF - Suite 1140 **one hour** prior to your scheduled procedure time. **PROMPTLY** at **TIME:** \_\_\_\_\_ a.m. on **DATE:** \_\_\_\_\_.
2. The procedure room nurse will call to confirm the time the day before your procedure.
3. **Do not eat any solid foods after midnight the night before your procedure.** You may have clear liquids such as water, or clear juices such as apple juice, white grape juice, flat soda, tea, black coffee (no milk), and clear Jell-o may be consumed until 4 hours prior to scheduled procedure.
4. If you take medication, you may take your usual morning medications (except vitamins) with a sip of water. **If you are a diabetic and need glucose monitoring, please bring your own Glucometer.**
5. **DO NOT WEAR ANY** makeup, jewelry, nail polish, perfumes or other scented products as the procedure room is a fragrance-free area. Wear comfortable clothes.
6. If you have any concerns before your procedure please call the clinic at **416-323-7727 ext 2329** during office hours and/ or at **416-323-6444** after clinic hours to page your physician. If you wish you may email your concerns to [cyclemonitoring@createivf.com](mailto:cyclemonitoring@createivf.com).
7. After your procedure you must have a responsible adult accompany you home.

**I fully understand the instructions provided by my nurse and I have been given the opportunity to ask any questions that I may have.**

Patient Signature: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_