

**IT IS YOUR RESPONSIBILITY TO READ ALL 3 PAGES**

## COVID-19 (Coronavirus) TEST

If any cases stated below apply to you (**including** those who are fully vaccinated against COVID-19), your procedure appointment **MUST** be canceled.

Within the past 14 days, you've had:

- 1.) any symptoms for COVID-19
- 2.) positive result for COVID-19 test
- 3.) any contact with symptomatic or confirmed individual with COVID-19

→ If you were **FULLY VACCINATED** against COVID-19, and your **2<sup>nd</sup> dose** was performed **at least 2 weeks ago**; please bring us your COVID-19 vaccination record card. You will **NOT BE REQUIRED** to be tested for COVID-19 for the procedure, **ONLY IF** you bring us the vaccination record card. **If you do not bring us your COVID-19 vaccination record card, you will be required to be tested for COVID-19.**

→ If you were **NOT FULLY VACCINATED** against COVID-19, you must be tested for COVID-19 **within 5 days** from your appointment date with a negative result from it. **If you have not done so, your appointment will NOT be guaranteed.**

### NY Spine Care-COVID Test Hours

You do **NOT** need an appointment to be tested for COVID at our office. Please walk-in within **3-5 days** from your procedure appointment day (on a business day) during below listed hours.

#### **No Fault or Worker's Compensation Insurances**

- between **9:00am-2:30pm**

#### **Health Insurances**

- between **9:00am-4:00pm**

→ If you were tested at **OUR OFFICE**, and the result is **positive(+)**; our office will call you with the result prior to your appointment.

→ If you were tested at **ANOTHER FACILITY**, we will **NOT** be able to obtain the result on behalf of you; it will be your responsibility to provide us a copy of your result. Your result **MUST** have patient's name, date of birth, test date, and test result. If you were tested **positive(+)**, please notify our office immediately.

**NOTE:** Results must be provided in one of the following options. **For options 2 and 3**, it will be your responsibility to ensure the result is received. Please call our office to confirm prior to your visit. **Screenshots or portal links are NOT acceptable.**

1. **Print** – Please bring a printed copy on the day of your appointment.
2. **E-mail** – Please e-mail to: [info@nyschealth.com](mailto:info@nyschealth.com). Accepted in [PDF, JPEG, TIFF] format **ONLY**.
3. **Fax** – Please fax it to: [718-762-7002](tel:718-762-7002).

## Pre-Procedure Instructions

IT IS YOUR RESPONSIBILITY TO READ THESE INSTRUCTIONS

1. You must confirm your appointment at least 24 business hours before your appointment. We require a 72-business hour notice of cancellation. **Please note** that if you cancel your procedure, we may not be able to reschedule for few weeks.
2. Our facility will call you before the scheduled date of procedure with instructions and your appointment date and time.
3. You must wear a mask to enter the building.
4. **Do not eat or drink for 6 hours prior to your procedure appointment.**
5. Please take all your regular medications, with a sip of water, on the day of the procedure. Your doctor has reviewed your medications will tell you if there are any medications that you should not take before the procedure. Otherwise, please take all your medications at the regular times. If you do not take your medication, and your blood pressure is high, or your sugar level is high, your procedure may be cancelled.
6. **You must have a responsible adult to accompany you** home and stay with you for 12 to 24 hours. **Your escort MUST come inside the building with you to sign a form. (Limited to 1 escort per patient. Any additional escorts will be asked to wait outside.)** You may **NOT** drive on the day of the procedure. If you take public transportation, you must still have someone to accompany you.
7. **IF** you are on **Coumadin, Plavix, Lovenox, Effient, Xarelto, Eliquis** or other blood thinners, you must speak to your physician before stopping this medication. Prior clearance must be obtained from your physician in order to have your procedure. Please have your physician fax this clearance to our office at (718) 762-7002 at least 48 hours prior to the procedure.
8. **IF** you are taking **Coumadin, Plavix, Lovenox, Effient, Xarelto, Eliquis** resume these medications the following day after the procedure.
9. **Please notify our office if you are receiving antibiotics or have an infection of any type.**
10. You will be advised if a blood test is necessary before your procedure.
11. Please take a shower on the day of injection. This is to prevent infection.
12. Please wear loose / comfortable clothing for procedure.
13. If you have any questions, please do not hesitate to call our office at **718-762-7000**.

## Post Procedure Instructions

- The day of the procedure keep your activity level low, relax, no strenuous activity.
- You may resume work unless told otherwise by the physician.
- You may resume physical therapy, massage, and chiropractic treatments the next day unless told otherwise by the physician.
- Remove band-aid from injection site when bleeding stops. (Leave no longer than 24 hours)
- Resume your diet. If nausea occurs, try clear liquids, progress to normal food. (If nausea persists, please call us.)
- No aspirin for 24 hours after procedure.
- If you have received IV sedation, no driving for 24 hours and no drinking for 4 hours.
- Do not sign any important documents for 24 hours.
- You may take Tylenol 650mg for mild pain or tenderness at the injection site or resume your pain medications.
- An ice pack placed on the injection site may also be helpful. Nothing excessively hot should be placed on the injection site for 24 hours.
- Do not shower or bath for 24 hours.

Common side effects from procedures include

- Increased Heart Rate, Flushing or feeling of warmth, increased water retention, leg cramps, increases in appetite, increased menses, Increase in blood glucose level. (Note: if you are a diabetic, you should monitor your blood sugar levels closely.)  
→ **These side effects are to be expected and should not be cause for concern.**

If you experience any of the following symptoms within 48 hours after today's procedure, please call the office at **718-762-7000**.

- Severe pain at the injection site that is new or not like your usual pain and is not getting any better
- Redness, swelling and/or drainage at the injection site
- Fever and/or chills
- Severe headache
- An increase in numbness or weakness of arms or legs

## Anesthesia Discharge Instructions

- Anesthesia may stay in your body for up to 24 hours.
- It is normal to feel sleepy and weak following anesthesia.
- Because post procedure patients are prone to dehydration, it is important that you drink plenty of fluids such as juice, water, tea, soda & Gatorade. In order to prevent nausea and vomiting, begin with clear liquids, dry toast, crackers and soup, then gradually progress to your normal diet and regular foods.
- Resume prescribed medications as normal. For any medications that you were holding prior to the procedure, please follow the RN's instruction provided when discharged.
- Do not drink any alcoholic beverages (medications, anesthetics and alcohol do not mix well).
- Do not drive, operate machinery, or sign any legal documents for 24 hours after procedure.
- For your own safety and comfort, have a responsible adult stay with you for 24 hours following your procedure.
- Go home and rest.
- Avoid vigorous activity or exercise.
- Do not smoke for 24 hours without supervision.

Specific complications to watch for:

- Fever over 101 Fahrenheit
- Pain not relieved by medication ordered
- Increased swelling, redness, or unusual drainage around injection site
- Blood soaked dressing (a small amount of oozing may be normal) on injection site
- Inability to urinate
- Persistent nausea and vomiting

If you have any questions or concerns, feel free to contact our office at **718-762-7000**.