1. DIET:
   _X_ Begin with liquids and light food (jello, soups, etc.). Progress to normal diet if you are not nauseated.
   
   NO ALCOHOLIC BEVERAGES FOR 24 HOURS

2. Prescription sent home with patient. Use as directed.
   Prescription information sheet sent home with patient.

3. ACTIVITIES:
   _X_ Do not drive or operate hazardous machinery for 24 hours.
   _X_ Limit your activities for 24 hours. Do not engage in sports, heavy work or heavy lifting until your physician gives your permission.
   _____ May resume normal activities.

4. WOUND CARE: Your wound should be cared for in the following manner.
   _X_ Change dressings as necessary
   _____ Do not change dressings until you are seen by your doctor
   _____ Keep dressings dry.

5. SPECIAL INSTRUCTIONS:
   If you have any medical or surgical problems, call your physician. If your doctor is unavailable, call the Hospital's Ambulatory Surgery Center [202-555-1212] or the Hospital Emergency Room [202-555-1212] for advice or assistance.

   **[1] Diamox 500 mg bedtime & morning, unless allergic to Sulfa.**

   **[2] Bring eye kit with you to office tomorrow.**

6. FOLLOW UP VISIT:
   You should see Dr. ____________ on ____________. Call the doctor's office for an appointment.

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These instructions have been explained to patient and/or responsible party. A copy has been given to the patient.

NURSE'S Signature / Title: _________________________

PATIENT'S Signature: _________________________