

**\*\*\*PST AND COVID TEST MUST BE SEPARATE APPOINTMENTS\*\*\***

Salvatore J. Palumbo, M.D., PC  
William E. McCormick, M.D., PC  
Borimir Darakchiev M.D., PC

George V. Kakoulides, M.D.  
Kimon Bekelis, M.D.  
Symeon Missios, M.D.  
Brian McHugh, M.D.

**WHEN SURGERY IS SCHEDULED**, the surgical scheduler will call you with the following information:

Your **Surgery** is scheduled for: \_\_\_\_\_ at: (Circle Hospital Below)

**Good Samaritan / Huntington / St. Joseph / Southside / Manhasset**

**You need to Call** and schedule your **Pre-surgical testing** for approx \_\_\_\_\_ at (Circle Below)

**Good Samaritan / Huntington / St. Joseph / Southside / Manhasset**  
**631-376-4808                  631-351-2598                  516-520-2275                  647-3852                  516-562-3772**

**You need to call** and schedule a **Medical Clearance** for \_\_\_\_\_ w/ Dr. \_\_\_\_\_  
\*\*Pre-surgical appointment must be scheduled before Medical Clearance\*\* (Patient's Primary Physician)

***Do you have any history of cardiac or pulmonary disease? Do you see a doctor at least once a year?  
If so, you will need clearance from those doctors, please notify the surgical scheduler immediately.  
You need to schedule those appointments within 30 days prior to Surgery Date:***

- Cardiac Clearance appointment date: \_\_\_\_\_
- Pulmonary Clearance appointment date: \_\_\_\_\_

**Post op** appointment date: \_\_\_\_\_ (In our West Islip or Smithtown office)

**(Please give your doctors our fax # 631-446-6660 to fax all clearances)**

**PRE SURGICAL INSTRUCTIONS:**

**\*\*\*If you are scheduled for an Angiogram/Vascular procedure,  
you will be advised of the below by coordinator\*\*\***

1. **NO Anti-inflammatory (Ex: Motrin, Advil, Aleve), Blood Thinners, Vitamin E, and any Aspirin products 7 days prior to Surgery.**  
(Verify with your pharmacist that any medications you are currently taking do not contain any of the above.)
2. **STOP COUMADIN OR PLAVIX 5-7 days prior** to surgery.- It is medically necessary to check with your medical doctor who prescribed it.
3. **If advised by any of your doctors**, to take any medications the morning of your procedure, those medications can be taken with a **sip** of water.
4. Nothing to eat or drink after midnight prior to your procedure.
5. The **Hospital** will call you **after 4:30**, the evening before your procedure, to advise you of the arrival time. **(St. Joseph's will supply a number for the patient to call.)** You will need to make arrangements for transportation to and from the hospital.
6. If you are a **Diabetic** notify the surgical coordinator immediately.
7. **All Radiology films/disks that pertain to your surgery are required to be in our office 7 days prior to surgery.**

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