



**Fairfax Vein Center**  
8505 Arlington Blvd. Suite 130  
Fairfax Radiology VA 22031  
P: 703-698-4475 F: 703-698-8278

**Patient Name:** \_\_\_\_\_  
**Procedure Date:** \_\_\_\_\_  
**Arrival Time:** \_\_\_\_\_ **Procedure Time:** \_\_\_\_\_  
**Dr.** \_\_\_\_\_

<p><b>1 Week F/U:</b> Date: _____ Time: _____ am pm</p>
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### Pre Procedure Instructions for Venous Ablation

- **Please be sure to arrive 30 minutes prior to your procedure time**, so that the doctor can review the post-op instructions and obtain your consent for treatment.
- **Bring your prescribed thigh-high compression hose with you the day of your procedure;** you will be wearing them home and for three weeks following the procedure. If you do not have compression hose, your procedure will be rescheduled.
- We will give you a mild sedative prior to your procedure, therefore **you will need to make arrangements for a friend or a family member to drive you home or your procedure will be rescheduled.**
- Please inform us of any allergies you may have.
- Please **DO NOT** apply cream or lotion on your legs the day of your procedure.
- We encourage you to have a small meal but do not drink coffee or other caffeinated beverages prior to your procedure.
- We expect you to be able to resume most activities including work the day after your procedure.
- **No airline flight for three weeks after any Vein Procedure.**
- **No car rides longer than 1 hour after any Vein Procedure.**
- If you have any procedure, scheduling, or pre certification questions call 703-698-4475.

**If you need to cancel for any reason, please call at least one week prior to your scheduled procedure date.** This will help us accommodate other patients that are waiting to have this procedure done. The doctors and staff of the Vein Center appreciate your consideration in this matter.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_