



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

W.W. Schroeder, M.D., F.A.C.S., F.A.A.P. Ashley Sikand, M.D., F.A.C.S. Frederick Goll, III, M.D.
Jonathan Salinas, M.D. LaKeisha Henry, M.D., F.A.C.S Allen Young M.D. Megan Jensen M.D.
Nicole Molin M.D. Daniel Kim, D.O. Kathrina Paner PA-C Alisha Alexander APRN
Theresa Walker APRN-C Anna-Joy Lingwood NP Shiyuan "Annie" Zhu SLP C.Gary Daniels Au.D

PHONE: (702) 792-6700 FAX: (702) 792-7198 www.entc.com

PREOP INSTRUCTIONS

1. The Surgery Scheduler will inform you of the surgical deposit due for your surgeon. The surgeon deposit is due one week prior to surgery. The anesthesiologist, facility, pathologist and any pre-operative testing fees are additional and billed by the physicians or facilities providing those services.

2. Fourteen (14) Days before and 14 days after you must STOP taking: Aspirin, Aspirin-like products/NSAIDS, herbals, anti-inflammatories, vitamin E, Fish oil, Omega 3, over the counter and prescribed weight loss (including Ozempic, Mounjaro) or weight gain medications/herbals, Excedrin, Bayer, St. John's Wort, Advil, Motrin, Ibuprofen, Nuprin, Aleve, Naprosyn, Naproxen, Niacin, Niaspan, Ginseng, Gingko Biloba, Metabolife, Meridia, Feverfew, Garlic Pill Supplement, Ephedra, Licorice, Valerian, Goldenseal, Celebrex, Turmeric and Alka Seltzer. Please ask, if you are not sure if your prescriptions, vitamins, herbals or over the counter medications fall under these categories. If you take Clopidogrel, Coumadin, Plavix or any other blood thinner, please tell your surgeon and anesthesiologist. TYLENOL is O.K.

3. ****You may take blood pressure medication in the morning with a small sip of water****

4. There is nothing to eat or drink after midnight the night before your surgery. Nothing by mouth at all unless otherwise told by your anesthesiologist. Also, NO smoking, gum, mints, candy, ice cubes, milk or water. Children will go first because of fasting protocols.

5. You will need to take the hospital/surgery center orders and pre-register no later than two to three working days prior to the surgery date. This allows time to process the facility paperwork, to complete the pre-operative tests and for the doctor to review the results of your tests before surgery.

6. The Surgery Scheduler will call you the day before your surgery with the time to arrive at the hospital/surgery center and your approximate surgery time.

7. Patients having anesthesia/sedation will NOT be allowed to drive after surgery. Please make arrangements to have an adult that you know take you home. If you are utilizing the bus, a taxi, Uber, Lyft or any other ride share service, you still need someone you know to accompany you home. If you are traveling out of town, please check with your surgeon or surgery scheduler for when you can travel.

8. On the day of surgery, do not bring any valuables to the hospital/surgery center. Wear comfortable clothing; we recommend something that buttons or zips. Wear no face makeup, body lotions, nail polish, or cologne/perfume. Shower or bathe before going to the hospital/surgery center.

Northwest Office

7040 Smoke Ranch Road

Las Vegas, NV 89128

Green Valley Office

3195 St Rose Parkway
Suite 210

Henderson, NV 89052
(Mailing address)

Southwest Office

8840 W Sunset Road
Suite A

Las Vegas, NV 89148



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9. Following surgery, please direct any post-operative or medication questions to the Triage Department. Call (702) 792-6700, press 3 and listen carefully for your prompt. You may also reach us by messaging through the Patient Portal.

After hours, please leave a message with our answering service at (702)792-6700; or if a true emergency go to your nearest emergency room.

Surgery Schedulers:

Dr. Schroeder (702) 792-6700 ext. 1204
Dr. Sikand (702) 792-6700 ext. 1035
Dr. Goll (702) 792-6700 ext. 1203
Dr. Henry (702) 792-6700 ext. 1309
Dr. Salinas (702) 792-6700 ext. 1309
Dr. Young (702) 792-6700 ext. 1309
Dr. Molin. (702) 792-6700. ext 1302
Dr. Jensen. (702) 792-6700. ext. 1305

Patient/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____

Patient Account #: _____

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