



PUNEET S. CHAHAL, D.P.M., FACFAS

Podiatric Medicine – Podiatric Surgery

535 Main Street, Olean NY Phone: (716) 376-2282 Fax: (716) 376-2281

Patient: _____

1. You have been scheduled for out-patient surgery at Olean General Hospital Surgery Center on _____ at _____. This information should answer most of your questions concerning your surgery. If you have any further questions, please do not hesitate to call me.
2. It is very important that you make every effort to be on time because your operating time has been carefully scheduled. If you are, for some unforeseen reason, unable to be present for your surgery; please call us so we can make the appropriate changes.
3. Nothing by mouth (eat or drink) for eight (8) hours before surgery.
4. When you arrive at Olean General Hospital Surgery Center please park in the large lot next to the center. Enter the center from the front main entrance. Report to the out-patient registration. Please bring insurance cards with you on the morning of your surgery. You will complete some forms for the hospital.
5. Upon admission, you will change from your personal clothing into a hospital gown. Do not wear make-up, jewelry, watches, etc., on the day of your surgery. Remove any toenail polish. Your dentures, glasses, contact lenses will be removed before surgery. Your foot will be shaved by one of the nurses. Your surgery will be performed in the operating room. You will only stay in the hospital a short time after the surgery. You will be given a special shoe to wear over your dressing. You must have someone to drive you home from the hospital, so that you may sit with your foot elevated on the way home.
6. You will be given a prescription for pain medication and a set of post-operative instructions.