



## Connecticut Vein Care

### **PRE-PROCEDURE INSTRUCTIONS**

NAME \_\_\_\_\_

Your Closure procedure is scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please plan on arriving at our Bloomfield office 15 minutes early.

- You will receive a prescription for a mild sedative. Please take it just before you leave your house. **DO NOT DRIVE YOURSELF TO THE OFFICE.** If you prefer not to take it, that is ok.
- Have a liquid breakfast.
- Do not use moisturizing cream on your leg the day of the procedure.
- Take all of your usual morning medications.
- We have included the consent form. Please review, and bring it with you on the day of the procedure.
- Arrange for someone to drive you home.
- Call 860-246-4000 if you have any questions.