



Instructions for Department of Urology Shock Wave Lithotripsy Outpatient Patients

泌尿科門診碎石病人須知(英文)

1. Please make appointment for :

Office C10 _____ Month ____ Day A.M. P.M.

2. Water and food fasting in 8 hours before the therapy.

Signature : _____

3. Do not drive or ride scooter on the day of surgery.

4. Please bring you National Health Insurance Card.

5. On the day of surgery, family (aged 20 years or old) should company the patient and fill out the " **Agreement of Surgery** " and " **Agreement of Anesthesia** " together.

6. Please report to the Shock Wave Lithotripsy on the 3rd floor in Li-Fu Medical Building by the appointed time.

Please arrive on time to avoid delay.

若有任何疑問，請不吝與我們聯絡
電話：(04) 22052121 分機 3377、3378
HE-40013-E