

5 Davis Road East Old Lyme, CT 06371

> Your scheduled surgery date is ______.

Please contact us with any additional questions or concerns.

Tel 860.390.6000 Fax 860.215.8150

info@northeastpsc.com www.northeastpsc.com Vinod V. Pathy, MD, FACS Megan J. Phillips, PA-C

Breast Reduction Pre-operative Instructions

day prior to
KG and/or a more than 4
least 4 ving your airment.
oducts higher risk ll be
tic and or to your
will need
it with you aning and
ed at your norning of
nor