

T.M. KALRA, M.D.
A Professional Corporation

INFRARED COAGULATION of HEMORRHOIDS

DAY OF PROCEDURE:

1. Follow your routine bowel movement in the morning.
2. Take a **Fleets Enema** 1 HOUR prior to your procedure.

*You will be able to return to work and normal activities right after the procedure.

Your Procedure has been scheduled in the doctors' office on _____ @ _____.

KEEP YOUR APPOINTMENT! A CANCELLED OR NO-SHOW PROCEDURE APPOINTMENT WITHOUT A 24 HOUR BUSINESS DAY NOTICE WILL RESULT IN A \$50 CHARGE, AS STATED IN OUR CANCELLATION POLICY.

PATIENT SIGNATURE

** By signing, you are acknowledging that you have received your procedure instructions and agree to the terms of our cancellation policy.*