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## **SURGERY PROTOCOL**

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If you require surgery or a medical/dental procedure, your doctor may ask you to discontinue medication prescribed by our physicians. For your safety, please inform your Angels of America physician of any upcoming procedures (scheduled or emergency) so that we can coordinate the necessary ongoing care.

We also require a copy of your paperwork related to the surgery/emergency visit i.e.; Discharge Summary and Prescriptions.

Please review the information below if you are being prescribed any narcotic medications as a result of your surgery/procedure.

### **BUPRENORPHINE PATIENTS**

It is important to take a 24-hour break from Buprenorphine *before and after* taking narcotics for pain. This means you'll stop taking your Buprenorphine and wait a minimum of a full 24 hours prior to taking any newly prescribed pain narcotic. After completing your cycle of prescribed narcotic pain medication, wait another full 24 hours before resuming Buprenorphine medication.

**IMPORTANT:** Plan to bring any extra medication to our office to be counted. We also ask that you bring the remainder of your Buprenorphine prescription in the original packaging. Thank you.

Patient Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

## Angels of America Surgery Protocol Form

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Any patient undergoing surgery during treatment for addiction is required to complete this form

### PATIENT INFORMATION

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Program Phase \_\_\_\_\_ Date \_\_\_\_\_

Current Medication and Dose \_\_\_\_\_

### SURGERY DETAILS

Name of Surgeon/Dentist \_\_\_\_\_ Specialty \_\_\_\_\_

Surgeon/Dentist Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of Surgery \_\_\_\_\_

Reason for Surgery \_\_\_\_\_

Surgery Date and Location \_\_\_\_\_

List any pain medication (if any) the surgeon/dentist has specified as a result of your procedure

\_\_\_\_\_

Does the surgeon/dentist know you are taking Suboxone/Zubsolv? Yes No

If no, why not? \_\_\_\_\_

### MEDICATION PROTOCOL

Physician Name \_\_\_\_\_ Signature \_\_\_\_\_