



PREOPERATIVE INSTRUCTIONS

Date of Surgery

Please Read Below Carefully:

1. If your surgery is scheduled in the morning, you should have nothing to eat or drink after midnight the night before surgery. If your surgery is schedule in the afternoon, the anesthesiologist will let you know what you can have to eat or drink prior to surgery.
2. When your child is in surgery, please do not leave the waiting area. He/she needs your presence and support. and you are expected to take him/her home shortly after surgery.
3. On the day of surgery, please limit the number of people accompanying the patient to two immediate family members. If possible, please do not bring young children with you. If you cannot find childcare you will not be able to sit with the patient in the recovery room prior to discharge.
4. Please contact your insurance company prior to your surgery to make certain that your surgery is a covered benefit. Your policy is a contract between you and your insurance company. Do not assume your policy automatically covers everything. Please inquire about deductibles, referrals, co-pays, etc. Our office will call your insurance company to determine if the surgery is a covered benefit, but the insurance company will not guarantee benefits quoted to our office. If you have any questions, please contact our office. The patient and/or guardian understands that they are ultimately responsible for payment if the insurance company denies payment for services.
5. I have been informed that an adult must be present upon discharge from the facility and also present for the first night after surgery.
6. Please be aware that medication refills (including pain medications) will be accomplished only during regular business hours (normally Monday to Thursday, 9 a.m. - 4 p.m.). Any request for medications outside of these hours (including weekends and holidays) will require a visit to the emergency room for evaluation by a physician. Please check your medications daily and request any needed refills during office hours.
7. If you cancel or reschedule your surgery date without 7 days notice, it is our policy to charge a \$500 fee,
8. If you have any questions regarding this matter, please feel free to contact this office any time prior to your surgery at 253-770-4099,

Patient Name (print), _____

Signature _____

Date _____