

Pre-Operative Instructions

FOR YOUR ARRIVAL TIME ON DAY OF SURGERY:

1. Date to call: _____ AFTER 4:00 pm
2. Toll-Free Number: 1-888-711-2228 (Please Note: 888, not 800)
3. Enter your Medical Record Number: _____ followed by the # key.
4. Press 2 for arrival time.

Interview completed by: _____

1. DO NOT EAT OR DRINK any food or liquids (including water) after 12 midnight before your surgery. ALSO do not use tobacco of any kind, and no gum or hard candy unless otherwise instructed.
2. TAKE THESE MEDICATIONS on the morning of surgery with as little water as possible:

3. BRING INHALER with you if you have asthma.
4. IF YOU TAKE INSULIN, bring your bottle(s) of insulin with you.
5. IF YOU NEED TO TAKE YOUR PAIN MEDICINE the night before or morning of surgery, please take it with a small sip of water only and let the admitting nurse know when you took your last dose.
6. WEAR LOOSE, COMFORTABLE CLOTHING and sturdy shoes on the day of surgery. PLEASE DO NOT wear cosmetics or jewelry, and remove **ALL** body piercings.
7. A RESPONSIBLE ADULT MUST accompany you to the Surgery Center and be available to both drive you home and assist you through the night.
8. PATIENTS UNDER 18 YEARS OLD – It is MANDATORY that a PARENT or LEGAL GUARDIAN remain in our facility during the procedure and recovery time.
9. BRING CRUTCHES OR A WALKER if you are having leg or foot surgery.
10. ON THE DAY OF SURGERY, bring a copy of your insurance card and your driver's license.
11. Female patients of child-bearing age (onset of period to menopause – no periods for one year) will be asked to give a urine specimen for a PREGNANCY TEST the day of surgery. The only exception is hysterectomy.
12. Patient verbalizes receipt of, and understanding of registration packet, which includes the Patient Bill of Rights and Responsibilities, Advance Directives, Physician Ownership, and Privacy Policy (HIPAA).

OTHER INSTRUCTIONS: _____



TALLAHASSEE OUTPATIENT SURGERY CENTER
(850) 877-4688

Signature

Date

Witness

Date