**PATIENT PRE-REGISTRATION INFORMATION AND INSTRUCTIONS**

**\*\*IMPORTANT\*\***

**Please Bring This With You On The Day Of Your Surgery**

* **PLEASE BRING THE FOLLOWING WITH YOU:**
  + Insurance Cards
  + Picture ID
  + Current Medication List
  + **Responsible driver over the age of 18**
  + Payment (Co pay Co-Insurance Deductible) if applicable

**Insurance Co-Pays, Co-Insurance and Deductibles are due at the time of surgery. An estimate will be given to you prior to your date of service.**

* **We accept cash, personal or Cashier’s checks, Money orders, Visa, MasterCard, Discover, American Express and Care Credit cards.**

**DIALYSIS PATIENTS MUST HAVE CURRENT (less than 7 days) LAB RESULTS**

**PLEASE DO NOT EAT OR DRINK AFTER THE TIME YOU HAVE BEEN INSTRUCTED** (usually 6 hours prior to your scheduled surgery time) **THIS INCLUDES CANDY, GUM AND WATER.** Please take any necessary medications (such as blood pressure medications) with the approval of your surgeon, using the smallest amount of water needed to swallow them.

*You will be receiving a call from our facility pertaining to your Medical History and Current Medication. Please have this information on hand and bring a copy for your visit.*

**ALL PATIENTS MUST HAVE A DESIGNATED DRIVER/RESPONSIBLE PARTY PRESENT**.

**IF YOU NEED HELP WITH TRANSLATION, PLEASE PROVIDE ONE OR GIVE US 72 HOURS IN ADVANCE TO PROVIDE YOU WITH ONE.**

**Please note:** *failure to complete the information required may result in the cancellation and/or rescheduling of your surgery in order for us to provide the best care possible for you.*

Dear Patient,

If you are taking **multiple medications** or have **multiple medical conditions**, adverse side effects of medications are a serious concern.

In order to provide the highest quality of care, it will be necessary for you to document the most accurate and **complete list** of your current medications. This should include the **name, dose and frequency of each medication you take**. Please take the time to fill out the form below, to assist your physician in making informed choices in your care.

Prior to surgery the list will be reviewed with the nursing staff. Prior to you leaving the surgery center, we will assure you have an updated list of added medications for your records.

It may also be helpful if you contact your pharmacy and ask them to provide a list for you of the medications.

**List of Current Medications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication/Supplement**  **(Prescribed & Over the Counter)** | **Amount**  **(Dose)** | **How Taken**  **(Route)** | **How Often**  **(Frequency)** | **Last Taken**  **(Prior to Surgery)** |
| **Example**: Aspirin | 500mg | By mouth | Twice a day | Last night (Date) |
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