

DATE OF SURGERY

Date of Surgery _____

A. Check-In Time:

If your surgery is at our clinic/Hillside Surgery Center, you will be contacted by the morning prior to surgery. If we are unable to reach you, please call us by 2:00 p.m. the day before surgery.

If your surgery is at Good Samaritan Hospital, you will need to check in two hours before surgery or call 253-697-2395 the afternoon before surgery for your check-in time.

All patients must have a responsible adult to drive them home and to provide care for the first 24 hours after surgery. If the patient is under the age of 18, a parent or legal guardian must remain in the facility at all times.

B. Pre-Operative Appointments:

Before your surgery, you may need to come to our clinic for a pre-op visit. Your appointment is scheduled for _____.

If you are having your surgery at Good Samaritan Hospital, one to two weeks before your surgery you are required to attend Good Samaritan Hospital's pre-op clinic. Your appointment is scheduled for _____.

Check in at Good Samaritan's Admitting Department. A surgery time will be given at this appointment, but if there is a change in time, you will be contacted the day before.

C. Pregnancy:

As part of providing safe anesthetic care, we ask all female patients of childbearing age if they are, or might be pregnant. Current state law requires that we ask minors this question privately, without their parent(s)/guardian(s) present. We thought it might be helpful to you know ahead of time that the nurse will ask this question in private on the day of surgery.

D. Laboratory:

Please have your lab work done at least _____ days prior to surgery.

E. Post-Operative Appointments:

You will need to return to our office for your post-operative appointment(s) scheduled for: _____

Patient Name (print) _____

Signature _____ Date _____