



Accredited by
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For Ambulatory Health Care, Inc.

MEDICARE CERTIFIED

To: _____

Dear Patient:

This is to inform you that your SURGICAL PROCEDURE has been scheduled for _____ and will be performed at:

**HARFORD COUNTY AMBULATORY SURGERY CENTER
1952 Pulaski Highway
Edgewood, Maryland 21040
Phone: 410-538-7000, ext 100**

Your arrival time will be 1 hour before your scheduled procedure. YOU WILL RECEIVE A PREOP CALL FROM A NURSE PRIOR TO YOU PROCEDURE TO CONFIRM THE TIME AND TO DISCUSS PREOPERATIVE INSTRUCTIONS. IF YOU DO NOT RECEIVE A CALL BY 3PM THE DAY BEFORE YOUR PROCEDURE, PLEASE CALL US AT 410-538-7000 EXT 103. IF YOU GET A RECORDING, PLEASE LEAVE YOUR NAME AND PHONE # AND WE WILL CALL YOU BACK. PLEASE BE AWARE THAT DUE TO SAME DAY CANCELLATIONS, YOU COULD BE CALLED AND ASKED TO COME IN EARLIER THE DAY OF THE PROCEDURE—PLEASE KEEP THIS IN MIND AND KEEP THE WHOLE DAY OPEN FOR IT.

IT IS IMPORTANT THAT YOU DO THE FOLLOWING:

- **Please have all blood work and/or preadmission testing and surgery authorization done at least 2 to 3 weeks before your surgery. Not doing so could result in your surgery being cancelled.**
- Do not eat or drink anything after midnight the night before your procedure. And nothing on the morning of the procedure--this includes water, gum, mints, coffee, juice etc.
- Do not drink any alcoholic beverages for 24 hours before or after your procedure.
- You must bring a responsible adult with you to the surgery center and they must be able to drive you home after the procedure. That person **must**

stay at the facility while you are here. You cannot be dropped off and you cannot be discharged alone to a taxi. You must also have a responsible person with you for the rest of the day and are encouraged to have someone with you during the night after your procedure. You should wear glasses instead of contact lens and shower or bathe the morning of your surgery.

- If you normally take medication or use inhalers (with the exception of diabetic medications), they should be taken as usual but only with a sip of water.
- Please list all your current medications on the attached Medication Reconciliation sheet.
- Do not take any aspirin, Advil, blood thinners, vitamin E, herbal medicine or over the counter medicines at least 2 weeks prior to surgery.
- Please fill out the attached forms ahead of time so your registration will not delay your procedure.
- Please understand if you do not follow the instructions or if your physical condition changes, your procedure may be cancelled.
- IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS, PLEASE NOTIFY YOUR PHYSICIAN IMMEDIATELY BECAUSE YOU WILL NOT BE ABLE TO BE DONE AT THE SURGERY CENTER: **LATEX ALLERGY, FAMILY HISTORY OF MALIGNANT HYPERTHERMIA, WEIGHT GREATER THAN 350 LBS. OR A CARDIAC STENT PLACED LESS THAN 6 MONTHS AGO.**
- If you are a private insurance patient, it is your responsibility to familiarize yourself with your insurance policy coverage and for assuring that any financial obligations regarding your care and treatment at the surgery center are fulfilled as promptly as possible. As a courtesy to you, we will contact your insurance company to verify facility coverage and notify you of any facility co-pay due the day of your surgery. We do not take responsibility for verifying your physician's charges.

IF YOU HAVE ANY QUESTIONS REGARDING THIS PROCEDURE, PLEASE CONTACT DR. XXXXXXXX OFFICE AT XXX-XXX-XXXX.

SINCERELY,

Kimberly Merrill, BSN, RN
Nurse Administrator