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For Ambulatory Health Care, Inc.

*MEDICARE CERTIFIED*

**To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dear Patient:**

This is to inform you that your INJECTION 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:**

- 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. You should shower or bathe the morning of your surgery.

- If you normally take medication or use inhalers, they should be taken as usual but only with a sip of water.
- Please list all your current medications on the 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 your procedure.
- 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 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.

**YOU WILL BE CHARGED A MISSED APPOINTMENT FEE OF \$50 IF YOU FAIL TO SHOW UP WITHOUT NOTIFYING US FIRST—410-538-7000, X-100 or X-134.**

IF YOU HAVE ANY QUESTIONS REGARDING THIS PROCEDURE, PLEASE CONTACT DR. SAYEED'S OFFICE AT 410-676-1463.

SINCERELY,

Kimberly Merrill, BSN, RN  
Nurse Administrator