## **SURGERY INFORMATION**

Crosstown Surgery Center 4010 W. 65th St. Suite 300 Edina, MN 55345 P: (952) 456-7300 F: (952) 456-7399 CrosstownSurgeryCenter.com	Two Twelve Surgery Center 111 Hundertmark Rd. Suite 340 Chaska, MN 55318 P: (952) 456-7900 F: (952) 442-5903 TwoTwelveSurgeryCenter.com	West Health Surgery Center 2855 Campus Dr. Suite 200 Plymouth, MN 55441 P: (763) 302-2200 F: (763) 302-2801 WestHealthSurgeryCenter.com
SURGERY INFORMATION		
Patient:		
Surgeon:		
Procedure:		

## **IMPORTANT**

Date of Surgery:			

Estimated Arrival Time:

\*Actual Arrival Time: \_\_\_\_\_

Date of Post-Op Appointment:

\*Please Note: The surgery center will call 2-3 days prior to your surgery date to give exact arrival time.





**IMPORTANT DATES AND TIMES** 

Do not eat solid foods or consume dairy products past:

Do not consume water past:

Please refrain from using alcohol or tobacco products 24 hours prior to your surgery.

Failure to comply with appropriate arrival times and all provided instructions may result in a delay or cancellation of your surgery.

Pre-Surgery Checklist (30 days prior to surgery)
<ul> <li>Please call your insurance company to confirm your financial responsibilities for the surgery.</li> <li>Schedule an appointment for your history and physical with your primary care physician, within 30 days of your surgery. Please have it faxed at least 2 days prior to your scheduled surgery date.</li> </ul>
<b>MEDICATIONS:</b> Discuss all medications/supplements you currently take with your family physician. IF YOU CURRENTLY TAKE ANY ANTICOAGULATION MEDICATION (BLOOD THINNERS) OR ASPIRIN, TALK TO THE PRESCRIBING DOCTOR about dosing before and after your surgery.
☐ Complete your online pre-surgical medical history. <b>This is to be done in addition to your preoperative physical.</b>
Please go to surgery center's website listed on the front cover.  Click "Click Here for your Pre-Operative Assessment".  Check the box to accept <u>Terms of Use</u> and click "Register" or "Sign-In".  Complete the registration and medical history screens, click Finish to submit your Medical passport to our facility.  If you need help with this process, please use the help link on the left side of the screens.
Pre-Surgery Checklist (7 days prior to surgery)
□ Verify your ride to and from the surgery center. You will NOT be allowed to use a cab, walk or drive yourself home. Your driver must be at least 18 years of age. We request that a responsible adult stay at the surgery center for the entirety of your procedure. If they are unable to stay, they must be <b>IMMEDIATELY</b> available after your surgery is completed. They will be receiving your discharge instructions.
$\square$ For your safety, identify who will be the caregiver staying with you for 24 hours after surgery.
$\square$ If you develop a sore throat, fever, cold or infection please call the surgery center.
Pre-Surgery Checklist (24 hours prior to surgery)
Pre-Surgery Checklist (24 hours prior to surgery)  ☐ The night before your surgery, complete your first shower, using Hibiclens antibacterial soap. Please see provided literature for instructions on obtaining and using Hibiclens soap.  ☐ Please remove any nail polish or artificial nails.  ☐ Follow instructions for stopping all food, drink and tobacco products, provided by the preoperative nurse phone call (the surgery center will call 24-48 hours prior to your surgery date). You can write this information on the cover of this folder under the IMPORTANT section.
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