



SURGERY INFORMATION

Surgeon: _____

IMPORTANT DATE

Date of Surgery: _____

ARRIVAL TIME: THE SURGERY CENTER WILL CONTACT YOU PRIOR TO YOUR PROCEDURE WITH PRE-SURGICAL/PROCEDURAL INFORMATION.

Date of Post-Op Appointment: _____



952-456-7900 | 111 Hundertmark Road #340, Chaska, MN 55318
TwoTwelveSurgeryCenter.com

IMPORTANT



The surgery center will inform you when to stop eating and drinking.

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.