

INSTRUCTIONS FOR AM ADMISSION SURGICAL PATIENTS

NAME:			DOCTOR:		
DAY OF SU	IRGERY:	DATE:		TIME OF SURGERY:	(Military Time)
Please	report to the Operating Roo	om Suites (1 st	floor) no later tha	an	There ar
necessa	ary preparations that must be	e done and w	e want you here ir	n plenty of time so yo	ou can relax befor
going in	to surgery.				
Our ADI	MISSION OFFICE will direct	you to the IN	AND OUT SURGE	ERY UNIT. This is the	e area in which yo
vill be p	prepared for your surgery. Y	our family will	be able to wait in	this area until your su	rgery is completed
After su	rgery, you will be taken to th	e RECOVERY	ROOM and then	you will be taken to y	our assigned room
Our nur	sing staff will inform your fam	ily of your assi	gned room number	٠.	
MDO					
	RTANT REMINDERS				
1.	Do not eat or drink anything after midnight the night before your surgery or the morning of surgery No breakfast – no water – no candy – no chewing gum. Nothing! The only exception may be certain medications that are written below.				
2. Bring all of your medications with you.					
3.	Wear comfortable clothing. You may want to bring some personal items such as a toothbrus comb, robe and slippers with you. We will ask that you limit your personal items to one small suitcase or bag. Your family may bring additional items as needed. Every effort will be made deliver your suitcase to your assigned room as soon as possible. You may, however, want you family to be responsible for your belongings.				
4.	Leave jewelry and valuables at home. If you wear glasses or contact lenses, please bring a cas for these items. If needed, the hospital will supply a denture cup for your use.				
5.	If you normally wear make up, we ask that you wear a minimal amount on the day of surgery.				
6. 7.	Try to cut down or eliminate smoking for several days before surgery.				
7.	Call your surgeon if you have any questions concerning your surgery. If you have any questio concerning your hospital stay, feel free to contact our nursing staff at (202) 555-1212. We are he Monday through Friday from 6:00am to 7:00pm, and Saturdays until 3:00pm.				
8.	If you have a cold, cough or do not feel well on the day of surgery, please call your doctor & the Al ADMISSION AREA (202) 555-1212 before leaving your home.				
9.	We want your stay with us concerns.	s to be as plea	asant as possible.	Let us know if you ha	ve any questions c
_	PATIENT SIGNATURE			STAFF SIGNATURE / T	TITLE
	WHI	TE = Patient	YELLOW =	Department	