

**SURGERY SCHEDULING SHEET &
PHYSICIANS PRE-ADMISSION TESTING ORDERS
PLEASE FAX TO 866-647-0527, ALONG WITH COPY OF INSURANCE CARD**

NAME	SURGERY DATE	ARRIVAL TIME	SURGERY TIME
ADDRESS	PROCEDURE & CPT		
	CIRCLE ONE R L		
PHONE (H)	DIAGNOSIS & ICD9		
PHONE (W)	(C)		
SS#	SURGEON		
DOB	REFERRING PHYSICIAN		
ALLERGIES	PCP		

ANESTHESIA TYPE			
CIRCLE ONE	OP	23HR OBSERVATION	INPATIENT

TEST		DONE	WHERE
Anesthesia			
EKG			
CBC			
HEMOCUE			
BASIC METABOLIC PANEL (BUN, CR, NA, K, CL, CO2, Glucose)			
COMPREHENSIVE METABOLIC PANEL (Albumin, Phosphate, AST, Bilirubin - Total, BUN, CA, CR, NA, K, CL, CO2, Glucose, Protein Total)			
LIVER PANEL			
BUN / Creatinine			

TEST		DONE	WHERE
ELECTROLYTE PANEL			
K			
BLOOD			
PT / PTT			
CHEST X-RAY			
UR PREG / HCG			
CRUTCH TRAINING			

ADDITIONAL ORDERS / SPECIAL INSTRUCTIONS:	

_____	_____
PHYSICIAN'S SIGNATURE	DATE

PATIENT NAME: _____

SURGERY PROCEDURE: _____

SURGEON: _____

DATE OF SURGERY: _____

TIME OF SURGERY: _____ **ARRIVAL TIME:** _____

PATIENT INFORMATION:

Our professional staff is dedicated to providing the highest quality of individualized care to each of our patients. This patient focused approach is intended to promote long term health and well being that results in a high degree of patient satisfaction.

We want to make your upcoming visit as pleasant and comfortable as possible. To make your surgery a successful experience, please read and follow the information on the enclosed sheet.

DAY OF SURGERY:

- Arrive promptly at the scheduled time. This will allow adequate time for all necessary pre-surgery procedures.
- Please bring your insurance identification cards. If special financial arrangements are necessary, please call the Medical Center prior to arrival.
- Be sure to bring any paperwork your doctor gave you, such as test results and/or films, and a list of all medications you are taking.
- Wear comfortable, loose fitting clothing.
- Upon arrival, you will change into a gown and slippers which we will provide. You will be asked to remove contact lenses, dentures and any prosthesis.

PREPARING FOR YOUR SURGERY:

Sometime before your surgery date, a staff member from the Medical Center will call you to confirm your surgery time. They will also ask you questions regarding current and past medical conditions, allergies and medications you are taking. Please don't hesitate to ask any questions you may have. Be sure to let the staff know of any special needs.

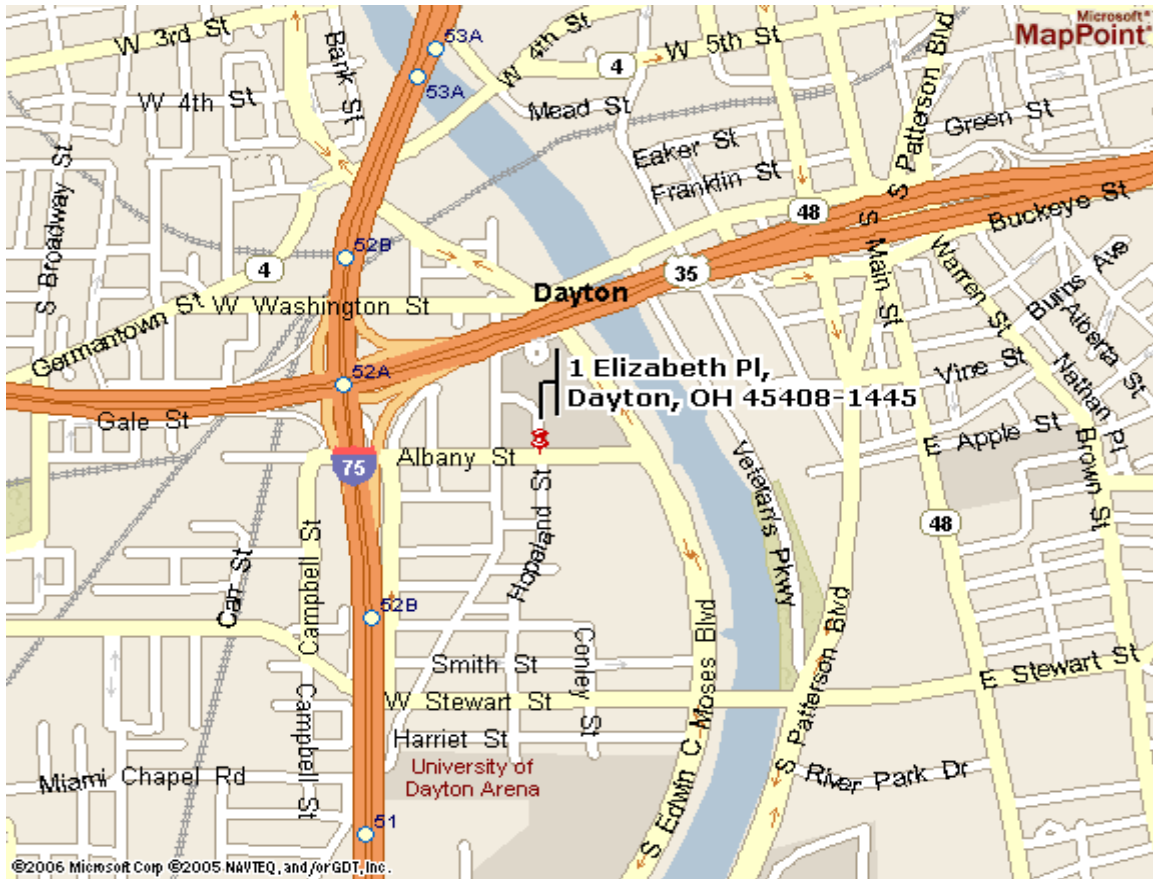
- You will be instructed as to what time you are to stop eating and drinking prior to your surgery and what medications you should or should not take.
- For women, if there is any possibility you are pregnant, please notify your doctor and the Medical Center nurse.
- Leave all valuables at home, including watches, rings, jewelry and wallets.
- Notify your surgeon of any changes in your health such as a cold or fever.
- For your safety, please arrange for an adult to drive you home after surgery. You will not be allowed to drive yourself home.

MEDICAL CENTER at ELIZABETH PLACE

1 Elizabeth Pl, Dayton, OH 45408-1445

Telephone: 937-223-MCEP

DIRECTIONS and MAP



From South of Dayton

- Take I-75 NORTH into Dayton
- Take the Edwin C. Moses exit (#51)
- Turn RIGHT at the end of the exit ramp onto Edwin C. Moses
- Follow Edwin C. Moses just over 1 mile
- Turn left onto Albany St (before the Dayton Heart Hospital)
- Turn right onto Elizabeth Place

From North of Dayton

- Take I-75 SOUTH into Dayton
- Stay on I-75 (approximately 14 miles south of I-70)
- Take the Albany Street exit
- Turn LEFT at the end of the exit ramp onto Albany Street
- Turn LEFT onto Cincinnati Street (at a 4-way stop)
- Turn RIGHT onto Elizabeth Place

Valet Parking available in front of the West Pavilion (no charge). Enter through main entrance; turn right to go to the elevators. Take the elevator to the second floor; the medical center is to the left.