



505 Sir Francis Drake Blvd.
Greenbrae, CA 94904
T: 415-461-4400 F: 415-461-4484

Spine Care Packet

▪ **Read / Keep: Informational Documents**

1. Patient Welcome Letter
2. Required Federal Information & Check List
3. Advanced Directive / Living Will Information
4. Patient Rights and Responsibilities
5. Insurance & Billing Information
6. Scheduling, Directions, Telephone Numbers
- 6a. Common Instructions & Information
- 6b. Corticosteroid Notes
- 6c. Medication Notes

➤ **Return Forms: 7. (2pgs) & 8.**

Mail, Fax, Give to your doctor, OR Hand Carry

- **Mail Back** to MSSC in the postage paid envelope
* *Please mail at least 5 business days prior to your surgery **
 - **Give it to** your doctor while at an office visit. Their office will fax it to us.
 - **Fax Back** to the Pre-Op RN Desk: 866-425-0414
 - **Hand Carry** it in to MSSC any time prior to OR on the day of your procedure
7. Pre-op Questionnaire (2 pages)
 8. Patient Acknowledgement Letter, a receipt of federal (Medicare) required information.

Please contact us if you have any questions.
Thank you for choosing the Marin Specialty Surgery Center.
We look forward to taking care of you.



Dear Patient:

Welcome to Marin Specialty Surgery Center. We are pleased that you have placed your trust in us for your healthcare services.

We want to provide an atmosphere of compassion and understanding with minimal stress to our patients. Our highly trained and helpful staff can minimize the anxiety that often comes with having surgery.

In the days before your procedure, you will be contacted by a representative from our Business Office to discuss your insurance coverage, and financial responsibilities to Marin Specialty Surgery Center. This conversation will cover co-pays, deductibles, and co-insurance payments. Please do not hesitate to ask for clarification on any of these matters during this telephone call.

Also expect a call from our nursing department a day or two before your scheduled procedure to discuss pre-operative preparation and answer any questions you may have regarding your procedure. During this call, we will verify your required paper work, any special instructions, arrival time and estimated discharge time. If you receive sedation or anesthesia, our policies ask that you arrange for a responsible adult to take you home from the center. Your designated adult driver should be on hand to help you receive post-procedure instructions, take you home and be available to you at least overnight after your surgery. You will not be permitted to drive yourself home after receiving sedation or anesthesia for your safety. Any exceptions to our policies must be cleared pre-operatively with your surgeon and our Medical Director. Your anesthesiologist will also give you a call before surgery to discuss your procedure and answer any questions you might have.

When you come to Marin Specialty Surgery Center, we ask that you do not bring any jewelry or other valuables to the center. We do ask that you bring your Government issued I.D.(driver's license or passport) and insurance card(s) with you as well as your advance payment for co-pays or deductibles based on your conversation with our business office.

If at any time during your visit you have a question regarding a process or your safety, we ask that you speak up and share your concerns with our staff. Our goal is to provide a safe, friendly environment in which your concerns are addressed promptly to your satisfaction.

In closing, we appreciate the trust you have placed in us. We will make every attempt to honor that trust by providing the high quality medical care you expect and deserve. We want your visit to be as pleasant as possible under the circumstances and welcome any comments and suggestions you may have.

If you have any further questions, please call us at 415-461-4400. One our Marin Specialty Surgery Center team members will be happy to assist you.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin Dy".

Justin Dy, RN, BSN, CNOR
Administrator

Dear Patient,

Thank you for choosing to have your surgery with us at the Marin Specialty Surgery Center.

PLEASE HELP US TO BETTER SERVE YOU BY COMPLETING AND RETURNING THE

▪ **PRE-OP QUESTIONNAIRE (2 pages) and the PATIENT ACKNOWLEDGEMENT LETTER**

◆ **Mail, Fax or Hand Carry**

- **Mail** in the postage paid envelope (please mail at least 5 business days prior to your surgery)
- **Give it to** your doctor while at an office visit, their office will fax it back to us.
- **Fax** to the RN pre op Desk: 866-425-0414
- **Hand carry** it in to MSSC any time prior to OR on your surgery / procedure date

Federal regulations require that we inform you of the following important issues and that we confirm with you that you have received the information. We will verify such on your preoperative call.

▪ **PATIENT RIGHTS:** Your rights as a patient at a healthcare facility. Enclosed is a description of the Patients Rights and Responsibilities.

▪ **ADVANCED DIRECTIVE INFORMATION (LIVING WILL / HEALTHCARE PROXY):**

The Marin Specialty Surgery Center's policy on Advanced Directives is as follows:

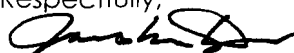
- ◆ You have the right to make choices regarding life-sustaining treatment, including resuscitative measures.
 - ◆ As your procedure here is elective, MSSC cannot withhold treatment if an unexpected complication were to arise.
 - ◆ If there is a need to transfer you to a hospital for additional care measures beyond what we can provide, your Advance Directive will be in your record and honored at the hospital or with your next caregiver upon your arrival.
 - ◆ **We are required** to inquire about your legal directives regarding your medical care. However, **you are not required** to present an Advance Directive document before you have surgery in an ambulatory care surgery center.
 - ◆ Enclosed in your packet is a description of applicable State health and safety laws with resources for you to obtain your own copy.
 - ◆ **Please do not** bring a blank Advanced Directive form to the Center - it must be completed and witnessed prior to your surgery if you wish to include it in your patient record.
- **PHYSICIAN OWNERSHIP:** Your surgeon may be a principal, or physician investor, in the Marin Specialty Surgery Center, which is a proud partner of Surgical Care Affiliates. We are accredited by The Accreditation Association for Ambulatory Health Care, AAAHC. This official endorsement assures you of our commitment to meeting rigorous, nationally recognized standards for quality health care services. We want to offer our patients a compassionate, safe, cost-effective, alternative to hospital-based care. Over forty surgeons are privileged on our medical staff; 28 of whom are limited physician partners. While MSSC has been recommended, the choice of where you would like to have your surgery is solely yours. If you would like us or your physician to provide you with alternative venues for your surgery, please speak up and we will inform you about other out-patient surgery choices.

The amount of paperwork a patient has to sort through is often confusing and frustrating. Hopefully the check list below will help you with it.

- Read / Keep: Informational Documents
 1. Patient Welcome Letter
 2. Required Federal Information & Check List
 3. Advanced Directive / Living Will Information
 4. Patient Rights and Responsibilities
 5. Insurance & Billing Information
 6. MSSC Brochure
- Return: Mail, Fax or Hand Carry See instructions above.
 7. Pre-op Questionnaire (2 pages)
 8. Patient Acknowledgement Letter, a receipt of above federal required information

If you have any questions or concerns, please contact our office at (415) 461-4400.

Respectfully,



Justin Dy, RN, BSN, CNOR
Administrator



Information Regarding Advance Directives

An "advance health care directive" or "living will" lets your physician, family and friends know your health care preferences, including the types of special treatment you want or don't want at the end of life.

By considering your options early, you can ensure the quality of life that is important to you and avoid having your family "guess" your wishes or having to make critical medical care decisions for you under stress or in emotional turmoil.

This legal document describes how you feel about care intended to sustain life. You can accept or refuse medical care. There are many issues to address, including but not limited to:

- The use of life sustaining machinery (Ventilators, Dialysis)
- Whether or not you want to be resuscitated if breathing or heartbeat stops
- Tube feeding and other life sustaining processes
- Organ or tissue donation

A durable power of attorney for health care is another legal document that names your health care proxy. Your proxy is someone you trust to make health decisions if you are unable to do so.

While all of these documents play a very important role in how healthcare decisions are made on your behalf, it is the policy of Marin Specialty Surgery Center that we **DO NOT** honor Advance Directives during your episode of care at our facility.

If you have completed Advance Directive, please bring it with you for your visit to Marin Specialty Surgery Center and we will place it in your medical record for reference in the unlikely event you are transferred to the hospital.

If you do not have an Advance Directive and would like more information please contact our office at 415-461-4400. or...

...see the California Office of the Attorney General's Websites:

- http://www.ag.ca.gov/consumers/general/adv_hc_dir.php
- <http://ag.ca.gov/consumers/pdf/AHCDS1.pdf>

...contact the U.S. Living Will Registry

- <http://uslivingwillregistry.com/contact.shtm>
U.S. Living Will Registry
523 Westfield Ave., P.O. Box 2789
Westfield, NJ 07091-2789
- Phone: 1-800-LIV-WILL (1-800-548-9455)
Fax: 1-908-654-1919
Send E-mail To: admin@uslivingwillregistry.com

Patient Rights and Responsibilities

SCA observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide

the state's official advance directive form if requested and where applicable.

- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

CENTER	PEGGY SEIDLER, RN ADMINISTRATOR (415) 461-4400
STATE AGENCY	ATTN: KATHLEEN J. BILLINGSLEY, RN DEPUTY DIRECTOR CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH CARE QUALITY (CHCQ) LICENSING AND CERTIFICATION DIVISION P.O. BOX 997377 MS 3000 SACRAMENTO, CA 95899 COMPLAINTS (800) 236-9747 GENERAL INFORMATION (916) 558-1784
MEDICARE	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: www.cms.hhs.gov/center/ombudsman.asp



5. Insurance & Billing Information

Phone: 415-461-4400

Fax: 415-461-4484

Insurance and Billing Phone: 415-496-2243

We understand that having a surgical procedure can be a stressful event and with so many considerations to make, questions about the billing and payment for services associated with your procedure are sometimes overlooked or somewhat confusing. The following information will hopefully answer some of these questions for you. Please do not hesitate to call our Business Office should you have any further questions.

Insurance Information

We know that health care insurance can be confusing. Please take a brief moment to review this page to help you understand some key points about your insurance as it relates to your procedure at Marin Specialty Surgery Center.

- A representative from Marin Specialty Surgery Center billing office will contact you prior to the day of your procedure to give you an estimate of your personal portion of the cost of your procedure. This estimate is based on the procedure(s) your physician has scheduled and the type of insurance plan you have. (Note: You will not receive a call if we do not expect you to have a patient portion).
- It is important to know that this is only an estimate. Sometimes the surgeon needs to do more or maybe even less during the procedure than what is originally scheduled. These changes may affect your final financial responsibility to Marin Specialty Surgery Center. Once the claim has been processed by your insurance, you may receive a bill for the balance due or a refund if you have overpaid us.
- Payment of co-pays, coinsurance and any deductible amounts that are due are expected upon your check-in to the center. A description of each is as follows:
 1. A **co-pay** is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement. There may be separate co-payments for different services. Some plans require that a deductible first be met for some specific services before a co-payment applies.
 2. A **deductible** is a fixed dollar amount during the benefit period (usually a year) that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.
 3. **Coinsurance** is the amount due by the patient after the insurance has paid and applied all deductibles and co-pays. This is the amount that is usually described as "Patient Responsibility" or "Member Responsibility" on the Explanation of Benefits. It is usually a percentage of the allowed amount covered by your insurance (i.e. 80/20; 70/30; 90/10). Because we contract with many insurance carriers, we can determine your coinsurance in advance based on the information received by your physician's office at the time of scheduling.

Billing Information

Because there are several healthcare practitioners who are providing a service to you, there will be separate bills generated from each of these providers; therefore, you can plan to expect bills from multiple providers for one procedure at our Surgery Center.

- Our bill is from Marin Specialty Surgery Center, which is the facility fee.
- You will also receive a bill from your physician.
- You may also receive a bill from your anesthesia provider.

All of our Anesthesiologists are Board Certified and members of the Anesthesia Consultants of Marin (ACM). They are a separate entity from Marin Specialty Surgery Center and will bill your insurance carrier separately for your anesthesia services.
- If pathology is necessary you will also receive a separate bill from the pathologist.

Marin Specialty Surgery Center will bill your procedure to your insurance company for the facility portion, and to a second insurance provider, if you have one. Ultimately, you are responsible for the charges associated with your procedure.

Please call us at the numbers above if you have any questions. Thank you.†

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| <p>6. Information</p> <ul style="list-style-type: none"> ▪ Scheduling ▪ Directions ▪ Telephone #s |
|--|

Your Spine Care Appointment is scheduled at the Marin Specialty Surgery Center (MSSC)
If you need to cancel your appointment...

- Call your doctor's office:
- Same Day Cancellation prior to 9AM; call MSSC, 415-461-4400 in addition to your doctor's office.

Date of Service:		Notes:
Scheduled Time:		
Please Arrive at:		
Estimated time of Stay:		

Directions to MSSC, 505 Sir Francis Drake Blvd., Greenbrae, CA 94904

From Hwy 101

- Exit Sir Francis Drake Blvd. / San Anselmo heading WEST
- See the Bon Air Shopping Center on the LEFT (SOUTH side of street, 2nd stop light)
- See the Bank of Marin next to the Shopping Center
- MSSC is the building between the Bank of Marin and Frank Howard Allen
 - ❖ look for the large white 505 address numbers on the roof
 - ❖ see the seal fountain and American Flag in front
 - ❖ pass the building,
- Stay in the LEFT hand lane
- Make a U turn at El Portal (3rd stop light) to head EAST in order to turn into the parking lot

From Mt. Tam Spine Care

- Exit the parking lot, turning RIGHT on to Bon Air
- Pass the Marin General Hospital on the RIGHT
- Turn RIGHT on Sir Francis Drake Blvd., heading EAST
- Pass El Portal
- Look for 505, just past Frank Howard Allen, before Bank of Marin and the Shopping Center
- Turn RIGHT, directly into the parking lot

Marin Specialty Surgery Center Telephone #s

- Main Telephone: 461-4400
- Main Fax: 461-4484
- Pre-Procedure RN: 461-4400
- Pre-Procedure Fax: 866-425-0414
- MSSC Billing Office 496-2243

Common Information and Instructions for Spine Care Procedures

To achieve best results, please prepare for your procedure. Read the instructions and information below. Failure to come prepared and on time may require you to reschedule. Thank you

Notify your Physician or nurse when you are scheduling and on the day of your procedure...

- If you are currently being treated for any infections.
- If you are taking anti-coagulant drugs such as "Coumadin" or "Heparin".
- If there is any chance you are pregnant. X-ray exposure is not recommended during pregnancy.
- If you are a diabetic.

Arrive 30 before your scheduled appointment. You will need to fill out some paperwork, and a pain assessment chart. Most procedures take about 30 min to perform, with an additional 15 min in recovery.

Bring your current insurance card and any other forms requested by your doctor.

Wear loose fitting clothing if possible.

Arrange for a ride home. If You Are Having Sedation, you will not be able to drive yourself. Even if you are not planning on having any sedation, it is still advisable to have someone drive you home. With some procedures you may experience temporary limb weakness or dizziness.

Follow the "567" Rule

5 Days prior to your procedure Anti-Coagulants must be STOPPED

Your doctor may require you to have lab work drawn prior to your injection.

6 Hours prior to your prior to your procedure NOTHING to EAT or Drink, including gum

BLOOD PRESSURE, HEART & SEIZURE medicines should always be taken with a sip of water at their regularly scheduled time, unless otherwise instructed by your physician. It is also OK to take your other regularly scheduled meds (except for those to be stopped) with a sip of water.

7 Days prior to your procedure NO Aspirin or Anti-Inflammatory Drugs

If you are unsure whether your medicine should be restricted, ask your doctor or a pharmacist. Common anti-inflammatory drugs include, "Motrin", "Advil", "Ibuprophen", see ("COMMON MEDS TO STOP SHEET")

General Information for Common Procedures

Fluoroscopy: Fluoroscopy is X-Ray imaging of the body, the image is displayed on a monitor. This insures proper placement of medication. Fluoroscopy is used on most of the procedures.

Epidural Block: This is a block that is performed under fluoroscopy to confirm a specific diagnosis and/or decrease pain and inflammation. A local skin anesthetic is administered. A spinal needle is then placed in the epidural space of the lumbar or cervical spine. An anesthetic and steroid are then injected into the epidural space.

Selective Nerve Root Block: This injection is done to reduce pain and inflammation around a specific nerve root after it exits the spinal canal. Temporary possible numbness or tingling of affected limb.

Facet Joint Block: These joints are located along each side of the spine, where one vertebrae slightly overlaps the adjacent vertebrae. These joints guide and restrict movement of the spine. An anesthetic and steroid are then injected into the facet joint. Improvements may be noticed immediately. Some significant improvements could be delayed up to 14 days. Possible low back ache for 2-7 days.

Rhizotomy, Discogram, Vertebroplasty, Nucleoplasty, Percutaneous Discectomy, Spinal Implantation: Discuss procedure and expectations with your doctor.

What to Expect After Your Procedure:

- Icing the area of the injection 20-30 minutes at a time, 3 times a day, will reduce local soreness. On the 2nd or 3rd day, you may prefer heat. Use ice or heat with caution, if the skin is still numb.
- After the procedure, avoid excessive exercise, for at least one week, even if you are feeling great.
- If you are currently in physical therapy, resume the routine one week following your injection.
- Be sure to report back to your treating physician as recommended.
- With any steroid injection; headache, breast tenderness, insomnia, nausea, or fluid retention are possible side effects. (see sheet on "CORTICOSTEROID NOTES")
- Following a Block Procedure, you may experience (depending on the level of your injection): Lower back, sacral, leg, neck or arm symptoms. They might include; temporary numbness, aching, an increase in pain for 1-3 days.

CORTICOSTEROID NOTES

Corticosteroids are produced naturally by your body and are necessary for good health. The function of corticosteroids as a supplemental anti-inflammatory medication is well known. Physicians prescribe the medication for a variety of conditions. Commonly, they are prescribed, to supplement the body's natural supply. They are also frequently used as part of a treatment for diseases such as allergies, skin problems, asthma and arthritis. Corticosteroids can also be used for any other conditions your doctor determines appropriate.

The anti-inflammatory properties are useful in providing relief to a variety of inflamed areas on and within the body. When used directly on the skin they may lessen swelling, redness and itching. For patients with inflammation in the nerves and /or joints within the spine, a direct injection of the medication into the area may provide a significant reduction in the degree or duration of the inflammation.

You may have concerns about steroid medications because of previous ideas. Like all medications if corticosteroids are abused or used to often they may be harmful. If used correctly they may be very helpful.

After your procedure, if you experience any side effects of the corticosteroids you should report all symptoms to your doctor. Many effects usually do not require medical attention but are useful in monitoring typical effects. You should check with your doctor immediately if you notice dizziness, fainting, fever, chills and/or shortness of breath.

Common side effects may include:

- Decreased or blurred vision
- Frequent urination
- Increased thirst
- Diabetics may notice an change in their blood sugar levels

Rare side effects may include

- Restlessness
- Insomnia
- Confusion
- Excitement
- False sense of well being Allergic skin reactions

You should tell your doctor, nurse and pharmacist if you have any of the following

- Medication allergies
- Pregnant or breast-feeding
- Prescription or nonprescription medications
- Active or recent infections
- Open wounds, sores, recent surgeries
- Other Medical problems
- Hiccups Mood swings
- Mental depression
- Redness Swelling
- Avascular necrosis (Decreased blood flow to joint)

Remember the **567 Rule**

Prior to injection...

No anticoagulants for **5** days

Nothing to eat or drink for **6** hours

No NSAIDs (non steroidal) for **7** days



MARIN SPECIALTY
SURGERY CENTER

6c. Medication Notes

This is a partial list and is updated as needed.

If you are unsure if your medicine should be stopped, call your doctor.

Common Medications to be stopped prior to your Spine Care Procedure

MEDS to be stopped 7 days before

ADVIL
AGGRENOX
AGRYLIN
ALEVE
ALKA-SELTZER

ANACIN
ANCASAL
ASPERGUM
ASPIRIN
BAYER
BUFFERIN
CLINORIL
DAMASON-P
DARVON COMPOUND
DARVON WITH ASPIRIN
DAYPRO
DOLOBID
EASPRIN
ECOTRIN
EMPIRIN
ETODOLAC
EXCEDRIN
FELDENE
FIORINAL
GINKGO BILOBA
IBUPROFEN

MEDS to be stopped 7 days before

INDOCIN
INDOCID
KETOPROFEN
LODINE
MEASURIN

MECLOMEN
MEDIPREN
MIDOL
MOBIC
MOTRIN
NALFON
NAMEBUTONE
NAPROSYN
NUPRIN
ORUDIS
PERCODAN
PIROXACAM
RELAFEN
RUFEN
SALSALATE
SOMA COMPOUND
TANDEARIL
TICLID
TOLECTIN
TORADOL

MEDS to be stopped 7 days before

TRILISATE
VOLTAREN
DICLOFENAC
ZORPRIN

ANTICOAGULANTS Stop for 5 days before

ARIXTRA	LOVENOX
COUMADIN	PLAVIX
ENOXAPRIN	WARFARIN
FRAGMIN	HEPARIN

OK MEDS TO BE TAKEN (unless noted)

BLOOD PRESSURE medications
HEART medications
SEIZURE medications
REGULARLY SCHEDULED medications

OK PAIN MEDICATIONS:

CELEBREX	NORCO	TRAMADOL
DARVOCET	OXYCODONE	TYLENOL
ENDOCET	OXYCONTIN	ULTRAM
LORCET	PERCOCET	ULTRACET
LORATAB	ROXICONDE	VICODIN
NEURONTIN	SOMA	



MARIN SPECIALTY SURGERY CENTER

an affiliate of SCA

PRE OPERATIVE QUESTIONNAIRE page 1

7. Pre-op Questionnaire pg 1

Patient Sticker on arrival

Name: Last First Middle Initial Age: Date: / /

Date of Surgery: / / Surgeon: Height: ft in Weight: lbs

Primary M.D. Cardiologist: Other:

MEDICATIONS

Include "blood thinning" meds, aspirin, and over-the-counter, weight loss, and/or herbal supplements

Table with 6 columns: Medication Name, Dosage, Times/day, Medication Name, Dosage, Times/day

SURGERIES

Table with 2 columns: Procedure, Year

ALLERGIES

Table with 2 columns: Medication / Allergen, Reaction

In Case of an Emergency, Please Notify...

Table with 2 columns for Name, Relationship, Telephone, and Who is driving you home from the surgery center?

Anesthesia Questions

Table with 3 columns: Question, YES, NO

Please note anything (health or otherwise) you wish that might help us take better care of you.

Blank lines for patient notes



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an affiliate of **SCA**

PRE OPERATIVE QUESTIONNAIRE Page 2

GENERAL HEALTH

Do you have, or have you ever had any of the following. Please use space on pg 1 to explain.

7. Pre-op Questionnaire pg 2

Patient Name: _____

Sticker on arrival

Nervous System	YES	NO
Seizures &/or Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Strokes	<input type="checkbox"/>	<input type="checkbox"/>
Black our spells	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis or weakness	<input type="checkbox"/>	<input type="checkbox"/>
Equilibrium problems	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Other Neurological problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart & Blood Vessels	YES	NO
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>
Do you take diuretics or "water pills"	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmur / mitral valve prolapse	<input type="checkbox"/>	<input type="checkbox"/>
Chest / pain	<input type="checkbox"/>	<input type="checkbox"/>
Irregular Heart Beats	<input type="checkbox"/>	<input type="checkbox"/>
Phlebitis / Blood Clots	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Internal defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding problems	<input type="checkbox"/>	<input type="checkbox"/>
Personal	YES	NO
Do you drink Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
# glasses/day _____ # glasses/wk _____	<input type="checkbox"/>	<input type="checkbox"/>
History of alcohol or drug abuse	<input type="checkbox"/>	<input type="checkbox"/>
Clean and Sober for _____	<input type="checkbox"/>	<input type="checkbox"/>
In rehab presently	<input type="checkbox"/>	<input type="checkbox"/>
Anything removable in your mouth	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear contacts	<input type="checkbox"/>	<input type="checkbox"/>
Women: Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Last Menstrual Period _____	<input type="checkbox"/>	<input type="checkbox"/>
Body Piercings remove all metal jewelry before surgery	<input type="checkbox"/>	<input type="checkbox"/>
Hard of Hearing (circle) Right, Left	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aide (circle) Right, Left	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory System	YES	NO
History of smoking? # yrs _____ when quit _____	<input type="checkbox"/>	<input type="checkbox"/>
Packs / day _____ cig / day _____	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine? Other? _____	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia or bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema / COPD	<input type="checkbox"/>	<input type="checkbox"/>
Other lung problems	<input type="checkbox"/>	<input type="checkbox"/>
Gastro-Intestinal / Urinary / Abdomen	Yes	NO
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Hiatal hernia	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Gastric Reflux Disease / "Heart Burn"	<input type="checkbox"/>	<input type="checkbox"/>
Special bowel/bladder needs	<input type="checkbox"/>	<input type="checkbox"/>
Other abdominal problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Last Blood Glucose date/time _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>
Benign Prostatic Hypertrophy	<input type="checkbox"/>	<input type="checkbox"/>
Skeletal / Other	YES	NO
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
History of Back or Neck surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Backaches	<input type="checkbox"/>	<input type="checkbox"/>
Implanted Hardware	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Total joint surgery	<input type="checkbox"/>	<input type="checkbox"/>
Immune Deficiency	<input type="checkbox"/>	<input type="checkbox"/>
Cortisone drugs taken w/in the past 2 yrs.	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics for dental procedures	<input type="checkbox"/>	<input type="checkbox"/>
Recent Cough, Cold, Flu, infections	<input type="checkbox"/>	<input type="checkbox"/>
Skin Problems, bruises, rashes... describe	<input type="checkbox"/>	<input type="checkbox"/>
Current outbreak of acne, herpes...describe	<input type="checkbox"/>	<input type="checkbox"/>
History of antibiotic Resistant infections?	<input type="checkbox"/>	<input type="checkbox"/>
History of cancer	<input type="checkbox"/>	<input type="checkbox"/>
Latex: Sensitivity or Allergy	<input type="checkbox"/>	<input type="checkbox"/>



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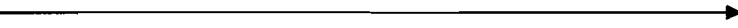
Medicare Conditions of Coverage for Ambulatory Surgery Centers
Patient Acknowledgement of Information Received

- Patient please sign and give back to your surgeon's office or bring to MSSC**
- Surgeon's Office please fax back to MSSC with your Doctor's Orders**

Dear Prospective Patient:

We are delighted that you have chosen the Marin Specialty Surgery Center for your elective surgery. The State of California requires that you receive documentation of the following items prior to your surgery.

- Patient's Rights and Responsibilities
- Advance Directives Information
- Physician Ownership Disclosure

We have a medical staff of over 40 surgeons; 27 of those MSSC surgeons are limited physician partners of Surgical Care Affiliates.
See table 

Patient, please sign below...

I certify that I have received verbal information and written documentation of the above items, in advance of the date of my scheduled procedure.

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content, I should contact the Marin Specialty Surgery Center for clarification.

MSSC Limited Partners

- Noor Azimi, MD
- Peter Barry, MD
- Mark Bazalgette, MD
- Stephen Bearg, MD
- Patrick Bennett, MD
- Robert Byers, MD
- Tancredi D'Amore, MD
- Russell Davis, DPM
- Timothy Dawson, MD
- Mark Drucker, DPM
- Anthony Fedrigo, DPM
- Sylvia Flores, MD
- David Galland, MD
- Jonathan Goff, MD
- David Goltz, MD
- Gary Grossfeld, MD
- John Keohane, MD
- Gabriel Kind, MD
- Lizellen LaFollette, MD
- Harry Neuwirth, MD
- Michael Oechsel, MD
- Laura Pak, MD
- Mark Peterson, MD
- Arthur Quasha, MD
- Ernest Sponzilli, MD
- Charles Stuart, MD
- Ann Vercoutere, MD

Patient Signature

Date