

CROZER KEYSTONE SURGERY CENTER OF HAVERFORD

**2010 WEST CHESTER PIKE, SUITE 212
WELLNESS CENTER BUILDING
HAVERTOWN, PA 19083
PHONE 610-853-7700 FAX 610-853-7755**

PRE-OPERATIVE INSTRUCTIONS

PLEASE CALL 610-853-7700 THE DAY BEFORE YOUR SURGERY TO CONFIRM YOUR ARRIVAL TIME, EVEN IF YOU HAVE BEEN GIVEN A TIME BY YOUR SURGEONS OFFICE IT IS SUBJECT TO CHANGE. CALL BETWEEN 10AM AND 1PM. IF YOUR SURGERY/PROCEDURE IS ON A MONDAY PLEASE CALL ON FRIDAY.

PLEASE TAKE A MINUTE TO READ THESE INSTRUCTIONS AS SOON AS YOU RECEIVE THEM.

YOU MUST BRING THE FOLLOWING WITH YOU THE DAY OF YOUR SURGERY:

1. PHOTO ID
2. INSURANCE CARD/INFORMATION
3. COMPLETED HEALTH SURVEY
4. MEDICATION VERIFICATION FORM, LIST DRUG NAME, DOSAGE, WE WILL COMPLETE THE FORM WITH YOU IN PRE-OPERATIVE AREA.

YOUR SURGERY IS SCHEDULED: _____

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT PRIOR TO YOUR SURGERY, THIS INCLUDES WATER, MINTS, CHEWING GUM.

TAKE YOUR MEDICATIONS AS DIRECTED BY YOUR SURGEON/PHYSICIAN. IF YOU HAVE QUESTIONS REGARDING YOUR MEDICATIONS, PLEASE CALL 610-853-7719.

IF YOU TAKE A BLOOD THINNER (EG: COUMADIN, PLAVIX) PLEASE CALL US AT 610-853-7719. THE DRUG MAY NEED TO BE STOPPED BEFORE SURGERY. ASPIRIN, MOTRIN, ANTI-INFLAMMATORIES MAY NEED TO BE STOPPED 5-7 DAYS BEFORE SURGERY.

DO NOT WEAR ANY EYE OR FACE MAKE-UP OR COLOGNE.

DO NOT BRING VALUABLES. ALL JEWELRY MUST BE REMOVED INCLUDING PEIRCINGS, RINGS ETC. CONTACT LENSES MUST BE REMOVED PRIOR TO SURGERY.

YOU MUST HAVE A RESPONSIBLE ADULT TO ACCOMPANY YOU TO TRANSPORT YOU HOME. IF YOU ARE PLANNING TO TAKE A BUS, CAB OR PARATRANSIT AS YOUR MEANS OF TRANSPORTATION THE DRIVER CANNOT BE CONSIDERED YOUR ESCORT. FAILURE TO HAVE A RESPONSIBLE ADULT TO ACCOMPANY YOU HOME MAY RESULT IN THE CANCELLATION OF YOUR PROCEDURE.

PLEASE MAKE ARRANGEMENTS TO HAVE A RESPONSIBLE PERSON CARE FOR YOU THE FIRST 24 HOURS FOLLOWING YOUR PROCEDURE.

IF YOU ARE HAVING FOOT OR KNEE SURGERY, PLEASE BRING YOUR CRUTCHES. IF YOU DO NOT HAVE CRUTCHES WE WILL SUPPLY THEM.

PATIENTS UNDER THE AGE OF 18 MUST HAVE A PARENT ACCOMPANY THEM AND REMAIN IN THE SURGERY CENTER.

SHOULD YOUR CONDITION REQUIRE EXTENDED CARE, ARRANGEMENTS WILL BE MADE FOR YOUR TRANSFER TO A HOSPITAL.

IF YOUR INSURANCE REQUIRES REFERRALS PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN TO OBTAIN THEM PRIOR TO SURGERY.

WE ARE LOCATED ON THE CORNER OF WEST CHESTER PIKE AND OLD WEST CHESTER PIKE IN HAVERTOWN. THE SIGN ON THE CORNER AND AT OUR DRIVEWAY BOTH SAY "WELLNESS CENTER". IF YOU NEED FURTHER DIRECTIONS PLEASE CALL 610-853-7700.

PLEASE CALL THE DAY BEFORE YOUR SURGERY TO CONFIRM YOUR ARRIVAL TIME. EVEN IF YOU HAVE BEEN GIVEN A TIME BY YOUR SURGEONS OFFICE, IT IS SUBJECT TO CHANGE. PLEASE CALL BETWEEN 10AM AND 1PM THE DAY BEFORE YOUR SURGERY. IF YOUR SURGERY IS ON A MONDAY PLEASE CALL FRIDAY.