

Arizona Gynecology Consultants

PEDIATRIC & ADULT GYNECOLOGY

ADVANCED HYSTEROSCOPIC & LAPAROSCOPIC SURGERY

3410 North 4th Avenue
Phoenix, Arizona 85013-3905
Phone: (602) 241-1944
Fax: (602) 688-6991

1008 E. McDowell Rd Suite-A
Phoenix, Arizona 85006
Phone: (602) 358-8588
Fax: (602) 688-6991

Name: _____ Date of Birth: _____ Age: _____ Date: _____

Surgical Instructions

Your *surgery* has been scheduled for:

Month: _____ Date: _____ Day: _____ Year: _____

Facility:

- | | | |
|--|--|--|
| <input type="checkbox"/> Banner University Medical Center
1111 E. McDowell Rd.
Phoenix, AZ 85006 | <input type="checkbox"/> Surgicenter
1040 E. McDowell Rd
Phoenix, AZ 85006 | <input type="checkbox"/> Paradise Valley Surgicenter
1008 E. McDowell Rd., Suite C
Phoenix, AZ 85006 |
| <input type="checkbox"/> St Joseph's Med. Center
350 W Thomas Rd
Phoenix, AZ 85013 | <input type="checkbox"/> Gynesurgical, LLC
1008 E. McDowell Rd., Suite B
Phoenix, AZ 85006 | <input type="checkbox"/> IntegraSurgical
6859 Rembrandt Ave., Suite 114
Mesa, AZ 85212 |

Scheduled surgery time: _____ although, please arrive by: _____ for pre-op and registration with facility.

You will require a medical clearance from your:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Primary Care Physician | <input type="checkbox"/> Sleep Specialist | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Endocrinologist | |
| <input type="checkbox"/> Pulmonologist | <input type="checkbox"/> hematologist | |

Please schedule an appointment for your medical clearance at least 3 weeks prior to your scheduled surgery. A written medical clearance will need to be signed and received in Dr. Roy's office 1 week prior to surgery or your procedure will be cancelled. The clearance information can be faxed to 602-688-6991.

You will also require pre-operative testing, which includes:

- Chest X-Ray PA & Lateral EKG Blood Work Other _____

When the pre-operative testing has been completed, the results need to be faxed to (602) 688-6991, as soon as possible, in an effort not to delay your procedure.

Your *pre-operative* appointment is scheduled on: _____ @ _____



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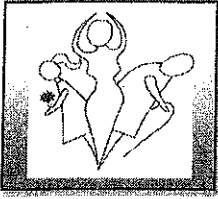
On the day before your surgery, you may need to perform one of the following bowel preps:

- Miralax™ (directions enclosed)
- Fleets Enema the evening prior to surgery
- 3 Day liquid diet (directions enclosed)
- NONE

Following are IMPORTANT things you need to know and understand

1. You should have **NOTHING TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO YOUR SURGERY**. If you eat or drink prior to 8 hours of surgery your case may be cancelled. Be sure to hydrate well the day before surgery. Drinking electrolyte beverages is encouraged.
2. Two weeks prior to your surgery, you should stop all over the counter herbal medications such as St John's Wort.
3. One week prior to surgery, you should stop all medications that contain aspirin or NSAIDS such as Advil, Motrin, Ibuprofen, as they pose a risk of preoperative bleeding.
4. You may take Tylenol if needed, **NO NSAIDS** 24 hours before your surgery.
5. Ask your Primary Care Physician for specific instructions if you are taking Coumadin, Heparin, or Lovenox.
6. Ask your Primary Care Physician for specific instructions if you are on any medication for Diabetes.
7. You should take all of your other medications as usual, even the day of surgery, with a small amount (**JUST A SIP**). Please take them as early as possible.
8. If you are uncertain about other medications, **PLEASE CALL THE OFFICE**.
9. If you require our office to complete FMLA documents, you need to bring or send this information into our office as soon as possible. There is a 5 to 10 business day turn around to complete these documents. There is a flat fee of \$ 50.00 to complete the forms as this is not a covered service from your insurance.
10. If you cancel your surgery within a 24-hour period or no show for your surgery without notification you will be charged \$150.00 for the cancellation. Extreme circumstances will be considered by management on a case by case. Reasons out of your control or your provider's control no charge.
11. All co-pays, deductibles, and coinsurances are payable prior to any procedure being performed. This includes any account balances with your provider are payable prior to procedures being performed. Charges are payable before any procedure unless prior arrangements have been requested and approved.

Any additional questions, please contact the Surgery Scheduler as soon as possible at (602)-688-6964.
Voicemails will be returned as soon as possible.



Arizona Gynecology Consultants

Kelly H. Roy, M.D., F.A.C.O.G.
Heather M. Zechman, M.D.
Eugenie V. Anderson M.D.
Kristina Calligan F.N.P

PEDIATRIC & ADULT GYNECOLOGY ADVANCED HYSTEROSCOPIC & LAPAROSCOPIC SURGERY

3410 N. 4th Ave
Phoenix, AZ 85013
Phone: (602) 358-8588

1008 E. McDowell Rd Suite-A
Phoenix, AZ 85006
Fax: (602) 688-6991 Website: www.azgyn.com

Pre – Surgical Instructions

Thank you for entrusting us with your surgical needs. Below further explains the process of scheduling and having surgery with us.

Scheduling Surgery

After setting a date and time with the scheduler, you will be receiving a packet in the mail with additional details for your surgery.

Understand that while we initially schedule a surgery time for you, it is an approximate “OR Time”. Please be patient with us as your actual time may be changed even up until the morning of surgery. In addition, on the day of surgery, the actual start time is dependent on many factors and may be later than scheduled. This is contingent on the surgical cases before you, utilization of the operating room, and the availability of the team members involved (surgeon, anesthesiologist, scrub technician, nurses, etc.) We know this is frustrating but we will try to keep you informed of changes as much as possible!

*****SURGERY IS ALWAYS SUBJECT TO CHANGE*****

The facility may be a hospital or ambulatory surgery center depending on the type of surgery you are having and the availability of the operating room. Your surgery may be done at an IN Network or Out of Network facility.

All in/outpatient surgeries have three incurred costs

Professional/Surgeon Fee

Facility Fee (includes nursing time, OR time, Pre/ Post recovery)

Anesthesia Fee (will be billed to your insurance after surgery)

Our office billing department will call you ~ 2 weeks prior to surgery to let you know what the estimation of cost is for the professional fee. If you have questions, we will help you understand your estimated costs based on your insurance plan. We also encourage you to contact your insurance company to further describe your financial responsibilities. This is an estimation of cost based on the information we have and is not a guarantee of benefits.

The facility will contact you separately prior to your surgery to go over your financial responsibility for the facility fee.



Arizona Gynecology Consultants

Kelly H. Roy, M.D. || Eugenie Anderson, M.D.

Kristina Calligan, N.P.

Pediatric & Adult Gynecology
Fellow American College Of Obstetricians & Gynecologists

Diplomate American Board of Obstetrics & Gynecology
Advanced Hysteroscopic & Laparoscopic Surgery

3410 N. 4th Avenue, Phoenix, AZ 85013 | 1008 E. McDowell Rd Suite- A, Phoenix, AZ 85006

Phone: (602) 358-8588 | Fax: (602) 688-6991

Dear Patient,

In an effort to avoid cancelling your surgery the day of your procedure, it is vitally important that you are aware of the top reasons that it is necessary to cancel patients the day of surgery. We ask that you help by following these steps and precautions for the days leading up to and the day of surgery. By following these simple guidelines, we hope we can avoid unnecessary cancellations.

1. **Elevated Blood Sugar (over 300)**, your procedure will need to be cancelled. Please make sure the physician who manages your diabetes is aware you are having surgery, and follow the instructions that are given to you by them.
2. **If you, or your child who is having surgery, run a fever over 100 degrees, have a productive cough, or general cold symptoms 48 hours prior to surgery, or have an infection of any kind, please contact your surgeon immediately.** We may need to post-pone your surgery for a later date once your symptoms have subsided.
3. **No food or drink of any kind after midnight unless explicitly ordered by your physician.** Eating (gum, candy, & mints included) or drinking after midnight may cause your surgery to be cancelled. Medications with a sip (the smallest amount possible) of water are allowable if your physician has instructed you to do so.
4. **Elevated Blood Pressure.** We recommend that you take your Blood Pressure medication the day of your surgery with a sip of water, unless instructed by your physician to do otherwise.
5. **Incomplete colon preparations for a colonoscopy- ONLY IF INDICATED FOR YOUR PROCEDURE** If you have any questions about your colon prep, please contact the Doctor who will be performing your procedure.
6. **Any patient having any procedure in our Center needs a ride home the day of the surgery. You also should have someone with you for 24 hours after your procedure, for your safety.** You must be able to provide a name and phone number of the person who will be taking you home. This person must be 18 years or older.

Follow these steps ahead of time and being aware of the precautions will help us provide you with a safe surgery experience. Please do not hesitate to call our office surgery scheduler, Sarah at 602-688-6964 or 602-358-8588 should you have any questions.

Sincerely,

Kelly Roy, MD

Arizona Gynecology Consultants

Pediatric & Adult Gynecology

Advanced Gynecologic Surgery

Locations: 3410 N. 4th Ave. Phoenix, AZ 85013 & 1008 E. McDowell Rd. Phoenix, AZ 85006

Fax (602)688-6991 | Phone (602)358-8588 | www.azgyn.com

Pre - Surgical Instructions

The following instructions are important and common policies that are implemented for your safety.

- Please be informed, surgery is always subject to changes. There are many contingencies with surgery. Please be patient with us as your actual start time of surgery is contingent on the surgical cases before you, utilization of the operating room, and the availability of the team members involved (surgeon, anesthesiologist, scrub technician, nurses, etc). We will try to keep you informed of changes as much as possible.
- Surgery may be cancelled on the day of your procedure if your vital signs are not normal (elevated or abnormal blood pressure, temperature, abnormal pulse or respiration rate, productive cough, general cold symptoms 48 hours prior to surgery, or have an infection of any kind. This is for your safety. Notify the office ASAP if you have symptoms of illness.
- You should have nothing to eat or drink after midnight prior to your surgery. Your surgery will be cancelled if you eat (including gum, candy and mints) or drink (even water) within 8 hours of your surgery.
- Please arrange to have someone drive you home. Do not plan on taking a taxi. You must have someone with you and a driver over the age of 18 on the day of your surgery. Arrange for someone to be with you for 24 hours after the surgery.
- Two weeks prior to your surgery, you should stop all over the counter herbal medications such as St. John's Wort. One week prior to your surgery, you should stop all medications that contain aspirin or NSAIDS such as Advil, Motrin, and Ibuprofen. Please discontinue any herbal supplements or vitamins including ginseng, ginkgo, biloba, and garlic or fish oil of any kind.
- Please leave all jewelry and valuables at home. You must remove all piercings from your body (earrings, facial, tongue, nose, or body rings and studs).
- Please do not wear contact lenses, nail polish, or make-up. Wear comfortable, loose-fitting clothes.
- You may need to remove dentures or false teeth. You may not have any loose or broken teeth.
- Please inform the surgery scheduler if you need to reschedule or cancel your surgery as soon as possible. If you cancel your surgery without notification 3 business days prior to your surgical date or no show for your surgery without notification, you will be charged for the cancellation.

Failure to follow these instructions could result in cancellation of your surgical procedure. We appreciate your cooperation and thank you for entrusting us with your surgical needs.

PLEASE CONTACT SARAH AT 602-688-6964 WITH ANY SURGERY SCHEDULING QUESTIONS OR CONCERNS