

## PREPARING YOU FOR SURGERY PATIENT CHECKLIST



Use this form to 'check' off each event as you complete them, to make sure all steps are followed in preparation for your surgery. Important Note: Failure to complete all necessary appointments and activities may result in cancellation of your surgery.

NAME	E: LAST NAME, FIRST	MR#:	
Surge	ery Date:	Provider:	
			If you have a Deductible plan, 507 for detailed benefit information.
Before	e Your Surgery / Procedure:		
Please	e expect the following appointments	s and activities before the date of	your surgery or procedure.
	Clinic will contact you at least 2 d	ays prior to your pre-operative app	A medical assistant from the POM pointments to collect information. The other receives a call, please contact the
	11 ( )	4th Fl. Medical Office Building. (Pology, and/or Pre-Admitting Repres	,
		dications you are currently takin	
	Pre-Admission Office will contact surgery. If you do not receive a car	ct you to update your personal info all please contact <b>650-742-2323</b> .	ormation at least 3 days prior to
	Nurse Educator will contact you a call, please contact 650-742-30		nal instructions. If you do not receive
Day B	efore Surgery/Procedure:		
	• 1	nent after 1:00 p.m. to confirm you e Friday before, to receive your ad	, ,
	Do not eat or drink anything after	midnight the day before surgery e	xcept medications as instructed.
	No candy, No gum, and only a sip	o of water for medications.	
		ne day of your surgery, you will nee hospital. <b>No patients will be disc</b>	
Day o	f Surgery/Procedure:		
		to the lab on the day of surgery, th tting Office after your labs have be	en go directly to the AdmittingOffice. een drawn.
	Bring your photo ID and Kaiser H	ealth Plan Card.	
	Patients under 18, bring your soc	ial security number.	
	Bring cost share if payment has n	ot been made in advance.	
	LEAVE ALL OTHER VALUABLES	S AT HOME	

## After Your Surgery/Procedure:

Post Operative Appointments: