SURGICAL INSTRUCTION SHEET

Patient Name: ________________________________ Surgery Date: _______________ Facility: __________________

Facility Check In Time: ________________ ***You will need to arrive 1 ½ hours prior to your surgery time.***

Surgery Time: _________________ ***Please call the doctor's office 24 hours prior to surgery to verify your check in time.***

Occasionally, due to emergencies or unforeseen occurrences, your surgery may be delayed or moved to an earlier time. If this does occur the hospital will notify you of the time change.

≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈ ≈≈ ≈

Thank you for choosing our office. To help make your surgical experience as easy as possible, please follow these instructions.

1. You must pre-register with the facility several days prior to your surgery date.
   Alaska Regional Hospital: 264-2055 **Providence Hospital**: 212-3149 **Alaska Surgery Center**: 550-6251

2. Do not use aspirin, ibuprofen or any other aspirin containing medications for 2 weeks before or after surgery. Tylenol is the preferred medication.

3. **Do not have anything** to eat or drink after midnight prior to your surgery. This includes, water, gum and hard candy.

4. If you take medications daily, please take these medicines with a SIP of water the morning of your surgery. If you are diabetic, have a seizure disorder, or a major medical illness, check with your physician who cares for your major medical illnesses and follow their instructions about taking your medicine on the day of your surgery. Please bring a current list of all medications you take.

5. Please leave all valuables at home. This would include jewelry, money and wallets. Do not wear makeup, nail polish or contacts the day of your surgery.

6. Arrange for a ride home after surgery. You will NOT be allowed to drive yourself, or to leave the hospital unaccompanied via taxi or bus. Make arrangements to have someone with you during the immediate postoperative period.

7. Wear comfortable clothing (no heels or tight pants). We suggest you wear a shirt, blouse or top that will button or zip up the front, preferably nothing that will pull over your head.

8. Verify with either the facility or Dr. Ellerbe/Dr. Kallman/Dr. Schaffer's office that you have completed any necessary pre op lab work, X-Ray, or EKG.

9. As a reminder, you will be billed separately for the surgeon, anesthesia services, and the surgical facility.

10. *Please call the office with any questions or concerns at 907 279-8800.*

The Alaska Center for Otolaryngology and Facial Plastic Surgery
Dwight M. Ellerbe, M.D., James E. Kallman, M.D. and Stephen B. Schaffer, M.D.
907 279-8800 - Fax 907 279-8810 www.ellerbekallman.com

7/22/2009

Visit our website for further educational and health information. Follow the links to academy websites.