



Information Regarding Your Surgery

1. Pre-Op Appointment at Physician's Office

A pre-op appointment is scheduled for _____ @ _____
(Pt. Name) (Time & Date)
with Dr. _____ in our office at:

- _____ 133 Benmore Drive, Suite 100, Winter Park, FL 32792 407-644-4883
- _____ 107 The Hermits Trail, Altamonte Springs, FL 32701 407-834-9120
- _____ 44 W. Michigan Street, Orlando, FL 32806 407-422-4921
- _____ 400 Celebration Place, Suite A120, Celebration, FL 34747 407-422-4921

2. Pre-Admission Appointment at the Hospital or Surgery Center

A pre-admission appointment is an additional appointment at the hospital/facility that may be necessary for your surgery after your pre-op appointment with your physician.

_____ A pre-admission appointment has been scheduled:
Date: _____ Time: _____ Facility: _____

If this appointment is inconvenient and you need to change or re-schedule this pre-admission appointment, please call the facility directly at: _____.

Please note that this appointment must be scheduled after you have seen your physician in our office.

_____ A pre-admission appointment is not necessary.

_____ If your surgery is scheduled at the Physicians' Surgical Care Center, please visit their website at www.physiciansurgicalcare.com to expedite your admission by completing the online health history or call 407-647-5100, pre-admission testing two to three days prior to your surgery to pre-register. Thank you.

3. Surgery

During your pre-op visit, our office will inform you of the time you will need to arrive for your surgery.

Your surgery is scheduled for _____ at the hospital/facility checked below.
(Date)

_____ **Physicians Surgical Care Center**
1245 Orange Ave., Winter Park, FL 32789
407-647-5100

_____ **AdventHealth Winter Park**
201 N. Edinburgh Dr., Winter Park, FL 32792
407-646-7000

_____ **AdventHealth Orlando**
601 E. Rollins St., Orlando, FL 32803
407-896-6611
407-303-5600

_____ **AdventHealth Orlando (Medical Plaza)**
2501 N. Orange Ave., Orlando, FL 32803
407-303-5600

_____ **AdventHealth Celebration**
400 Celebration Place, Celebration, FL 34747
407-303-4000

_____ **Celebration Health Outpatient Surgery**
410 Celebration Place, #408, Celebration, FL 34747
407-303-4860

The Ear, Nose, Throat and Plastic Surgery Associates

Information Regarding Your Surgery

Page 2

Please bring a photo ID and insurance card with you to the hospital/facility. If the patient is a child and you are not the legal guardian, you must bring the appropriate court documented paperwork along with your photo ID and the patient's insurance card. Someone must stay at the hospital/facility during the patient's surgery and cannot leave the building. **Please Note: The patient cannot drive him/herself to or from the hospital/facility.**

The patient may not eat or drink anything after midnight. **This includes water. The patient is not to have Aspirin or Aspirin products, Ibuprofen, which includes Advil, Motrin and Aleve, Vioxx, Celebrex, Ephedrine, Fish Oil, Ginger, Garlic, St. John's Wort, Kavakava, Ginseng, Ginkgo Biloba, Vitamin C, Vitamin E, or other pill supplements, and Herbal Tea for 14 days prior to the scheduled date of your surgery.** Tylenol and multivitamins are permitted. If the patient is on any blood thinners (i.e. Plavix, Coumadin, or Heparin), please check with the physician who prescribed this medication to determine when to stop taking it before your surgery.

A post-op appointment has been scheduled for _____
(Time & Date)

with _____ in our office at:

_____ 133 Benmore Drive, Suite 100, Winter Park, FL 32792	407-644-4883
_____ 107 The Hermits Trail, Altamonte Springs, FL 32701	407-834-9120
_____ 44 W. Michigan Street, Orlando, FL 32806	407-422-4921
_____ 400 Celebration Place, Suite A120, Celebration, FL 34747	407-422-4921

At your post-op appointment, please ask your physician when you can resume taking the medications listed on the first page, since this will vary depending on your individual situation. ***Please be advised that you cannot drive if you are on pain medication.*** Please note there are post-op instructions on our website, www.entorlando.com, for ear, sinus, and throat procedures.

4. Billing Information

Our office has contacted you if a deposit is required for the surgeon's fee. We require a deposit in the amount of \$_____ at the pre-op visit. Please be advised this is only an estimate. This is subject to change based on the actual surgery performed. There may be additional charges at your follow-up appointment and any co-pays, deductibles or co-insurance amounts may apply. **Please note our office does not accept personal checks.** We do accept money orders, cash, Master Card, Visa, Discover, or American Express credit cards, or a cashier's check. The hospital, anesthesiologist, and pathologist will bill separately for their services and you should contact them directly regarding your payment for these services.

If you would like to obtain the estimate deposits from the facility/hospital and anesthesia, you will need the following information:

Physicians Surgical Care Center, 407-647-5100
AdventHealth (Winter Park, Orlando, Celebration), 407-200-2294, option 5
US Anesthesia Partners, 321-422-7354

Procedure code(s): _____

Time length of surgery: _____

If you have an emergency and must cancel your surgery, please call the office. If the office is closed, please leave a message with our answering service and contact the hospital as soon as possible. **Please avoid canceling if at all possible.**