

SURGERY CENTER OF FAIRBANKS

PATIENT REGISTRATION & SURGERY INFORMATION

Name: _____

Date of Surgery: _____

Surgery Time: Surgery times are finalized the day before the surgery and we will call you after 3:00 p.m. with your time. Call us at (907) 458-7263 if you have questions.

PRIOR TO SURGERY

All patients pre-register online

- Go to SCFAIRBANKS.COM and select REGISTER at least 1 day before your surgery. A preoperative nurse will call you the day before to go over your submitted health history.

Patients scheduled for a total joint replacement or spine surgery

- Schedule an appointment with a preoperative nurse at (907) 458-7263

Children under the age of four

- Schedule an appointment with a preoperative nurse at (907) 458-7263

THE DAY BEFORE SURGERY

- Stay well hydrated by drinking plenty of water.
- DO NOT EAT OR DRINK AFTER MIDNIGHT includes coffee, tea, water, gum, and mints. Your surgery will be canceled if you eat or drink.
- MEDICATION instructions will be done when we notify you about your surgery time.

ON THE DAY OF SURGERY

- Please bring your ID and insurance card.
- DO NOT smoke the day of surgery, including Marijuana and/or chewing tobacco
- DO NOT TAKE anti-inflammatories, vitamins or herbal medications including aspirin, Ibuprofen, Motrin, Advil, Aleve, Nuprin, etc. 7 days before surgery (Tylenol is okay).
- If a special prep or medication has been prescribed by your physician for use before your surgery, please follow the instructions closely.
- You may brush your teeth, bathe and shower before coming to the surgery,
- Do not wear ANY make-up, lotion, creams, deodorant, or remove fingernail polish.
- Bring you contact lens case so they can be removed prior to surgery or glasses case.
- CHILDREN:
 - Have breast milk 4 hours before surgery.
 - Finish 8 ounces of clear liquids* 2 hours before surgery
 - May bring a special item for comfort.
 - Children cannot be left unattended in the waiting room.
 - Parents remain in the building the entire time.

*Clear liquids includes ONLY water, plain jello, a popsicle, clear apple juice, coffee or tea (NO milk)

AFTER SURGERY

- Your doctor will give you discharge instructions specific to your surgery. Please call the doctor's office if you have any concerns.

New to One Medical Passport?
Patients, Register to Create an Account

Register



- OR -

Welcome Back

Sign in to Your Account

Account username

Account password

Forgot username or password?

Sign In

SURGERY CENTER OF FAIRBANKS

IMPORTANT INFORMATION ABOUT MEDICATIONS

Aspirin, NSAIDS and Blood Thinners:

These medications can cause an increase in bleeding and their continued use could make it necessary to reschedule or cancel the procedure. It is important to **discontinue their use for at least seven (7) days prior to your procedure, unless your provider has instructed you otherwise.** They may be resumed two (2) days after the procedure unless your provider states otherwise. Please follow your provider's order and recommendations.

The following is a list of the commonly used NSAIDs (non-steroidal anti-inflammatory drugs). New medicines are released frequently. If you take any medicines you feel may be similar, *please seek the advice of your provider* at least seven (7) days before your scheduled procedure.

Advil	Feldene	Nabumetone
Aleve	Fenoprofen	Naprosyn
Anacin	Flubiprofen	Naproxen
Anaprox	Ibuprofen	Orudis
Ansaid	Indocin	Oxaprozin
Aspirin	Indomethacin	Piroxicam
Choline & Magensium	Ketorofen	Relafen
Davoro	Ketorolac	Salicylate (all meds with salicylate)
Diclofenac	Lodine	Sulindac
Disalcid	Meclofenamate	Suprofen
Ecotrin	Mobic	Tolmectin
Etodolac	Motrin	Toradol
Excedrin	. .	Volatren

....***Cold and sinus medicines with aspirin or Ibuprofen***

There is no need to discontinue Tylenol (acetaminophen) or COX-2 inhibitors (Celebrex, Bextra) .

Blood Thinners:

If you take Coumadin (Warfarin) or other blood thinners such as Plavix (Clopidogrel), Pletal (Cilostazol), Ticlid (Ticlopidine), Trental (Pentoxifylline), Lovenox (Enoxaparin), Aspirin, etc., *notify your provider*. The medication may need to be discontinued and additional blood tests performed prior to your procedure.

Diabetic medications: Do not take Insulin or Diabetic medications the day of your procedure unless your provider has instructed you otherwise. Bring the medications with you to take afterward as needed.

Other: Also inform your provider if you are taking Antibiotics or large Doses of vitamins as these may interfere with the procedure.

Other routine medications not listed above may be taken with a sip of water up until 2 hours prior to procedure. Nothing else by mouth including gum or mints 6 hours prior to procedure.

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SCHEDULING FORM

☐] 23 Hour Stay

Date of Surgery: Surgeon:

Parents/Guardian Name:

Patient Name (Last, First):

Phone: E-mail:
☐] Cell ☐] Home

DOB:

Sex: ☐ Male ☐ Female Height: ____ ft. ____ in. Weight: ____ lbs. BMI: ____

Allergies:

Surgical Procedure:

Surgery Length:

Diagnosis:

CPT:

Anesthesia Type: ☐ General ☐ Local/Sedation ☐ Regional
☐ Spinal ☐ MAC ☐ Other

Insurance:

Pre-cert:

Special Equipment & Requests:

Implants:

Allograft: Size:

C-Arm: Position: ☐ Supine ☐ Beach ☐ Prone ☐ Lateral Recumbent

Crutches: Other:

Please attach demographics (insurance & address) and fax to: (907) 458-7264

Questions or issues please call Keli Hite McGee, Administrator, 458-7263

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CONSENT FORM

1. I hereby authorize Dr _____ to perform the following operation on the patient named below, the procedure to be performed is

2. The nature of the operation or procedure has been explained to me. I have been informed of the usual risks and benefits, as well as of alternative treatments. I acknowledge that no guarantee or assurance has been made as to the results or cure that may be obtained from this procedure. I understand and accept the possibility of risks and complications.
3. I recognize that, during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those set forth in Paragraph 1. I therefore further authorize and request that the above-named physician perform such procedures as are in his/her professional judgment, necessary and desirable. The authority granted under this Paragraph shall extend to remedying conditions that are not known at the time of the procedure.
4. I hereby authorize the physician to use his/her discretion in the disposal of any severed tissue or member.

I hereby authorize and direct the physician named above to provide such additional services for me as he or she may deem necessary and reasonable. This includes but is not limited to the administration and maintenance of anesthesia or moderate sedation and the performance of services involving pathology and radiology. Although rare, several complications with anesthesia can occur and include the possibility of infection, bleeding, drug reactions, blood clots, permanent loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death.

For patients electing to receive moderate sedation:

I acknowledge that the options and risks associated with sedation have been explained to me by my provider. The expected result for moderate sedation is: a depressed level of consciousness while retaining the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation and/or verbal commands. Moderate sedation is achieved through the following method: medications intravenously injected into the bloodstream. Risks include but are not limited to: an unconscious state, depressed breathing, injury to blood vessels and/or allergic reaction.

I HAVE READ AND UNDERSTAND THE ABOVE. ALL THE BLANKS ARE FILLED IN. I DO NOT REQUIRE ANY FURTHER EXPLANATION OF THE RISKS OR POTENTIAL COMPLICATIONS OF THIS OPERATION OR OTHER INVASIVE PROCEDURE.

<hr/> Print Patient Name	<hr/> Patient or Legal Guardian Signature	<hr/> Date & Time
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Relationship to Patient (if not self) _____

<hr/> Witness Signature	<hr/> Physician Signature
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PREOPERATIVE ORDERS

Drug Sensitivity	1. NONE ()		
Patient Full Name:		Date of Birth:	
Surgery Date:	Time of Surgery:	Duration:	
<input type="checkbox"/> Day Surgery			
Diagnosis:			
Procedure:			
Types of Anesthesia:			
<input type="checkbox"/> General <input type="checkbox"/> Local Standby <input type="checkbox"/> Local <input type="checkbox"/> Regional Block <input type="checkbox"/> Conscious Sedation			
Anesthesiology consult call to consult: (907) 458-7263			
Anesthesia Standing Orders:		Physician lab orders:	
CBC	(>60 years old within days)	<input type="checkbox"/> CBC	<input type="checkbox"/> Beta HCG <input type="checkbox"/> Hep screen
EKG	(>60 years old within 1 year)	<input type="checkbox"/> Lytes	<input type="checkbox"/> PT/PTT <input type="checkbox"/> HIV
Lytes	(if on Digoxin, diuretics or pt >60 years old within 30 days; if abnormal repeat)	<input type="checkbox"/> U/A	<input type="checkbox"/> Chem 8 <input type="checkbox"/> VDRL
BUN		<input type="checkbox"/> FBS	<input type="checkbox"/> CMP
CREAT.	(> 60 years old within days)	<input type="checkbox"/> Other: _____	
Glucose		<input type="checkbox"/> Chest xray	<input type="checkbox"/> EKG
Qualitative BHCG	For all menstruating females within 24 hours. Exception: Tubal ligation, hysterectomy, or menopausal for 2 or more years.		
BMI	≥ 34 (if above please contact anesthesia)		
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Antibiotic: _____			
<input type="checkbox"/> NPO after: _____			
<input type="checkbox"/> Prep: _____			
Should patient take chronic meds prior to surgery: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> SCDs <input type="checkbox"/> TEDS <input type="checkbox"/> OTHER: _____			
<input type="checkbox"/> ALL Outside Faxes to be delivered to Admitting and faxed to 907-458-7264 prior to scheduled procedure.			
<input type="checkbox"/> H&P faxed <input type="checkbox"/> Dictated			
Additional Comments: _____			

Physician's Signature: _____ Date: _____

Speak Up™ About Your Care



Speak up...

- If you don't understand something or if something doesn't seem right.
- If you speak or read another language and would like an interpreter or translated materials.
- If you need medical forms explained.
- If you think you're being confused with another patient.
- If you don't recognize a medicine or think you're about to get the wrong medicine.
- If you are not getting your medicine or treatment when you should.
- About your allergies and reactions you've had to medicines.



Pay attention...

- Check identification (ID) badges worn by doctors, nurses and other staff.
- Check the ID badge of anyone who asks to take your newborn baby.
- Don't be afraid to remind doctors and nurses to wash their hands.



Educate yourself...

- So you can make well-informed decisions about your care.
- Ask doctors and nurses about their training and experience treating your condition.
- Ask for written information about your condition.
- Find out how long treatment should last, and how you should feel during treatment.
- Ask for instruction on how to use your medical equipment.



Advocates (family members and friends) can help...

- Give advice and support — but they should respect your decisions about the care you want.
- Ask questions, and write down important information and instructions for you.
- Make sure you get the correct medicines and treatments.
- Go over the consent form, so you all understand it.
- Get instructions for follow-up care, and find out who to call if your condition gets worse.



Know about your new medicine...

- Find out how it will help.
- Ask for information about it, including brand and generic names.
- Ask about side effects.
- Find out if it is safe to take with your other medicines and vitamins.
- Ask for a printed prescription if you can't read the handwriting.
- Read the label on the bag of intravenous (IV) fluid so you know what's in it and that it is for you.
- Ask how long it will take the IV to run out.



Use a quality health care organization that...

- Has experience taking care of people with your condition.
- Your doctor believes has the best care for your condition.
- Is accredited, meaning it meets certain quality standards.
- Has a culture that values safety and quality, and works every day to improve care.



Participate in all decisions about your care...

- Discuss each step of your care with your doctor.
- Don't be afraid to get a second or third opinion.
- Share your up-to-date list of medicines and vitamins with doctors and nurses.
- Share copies of your medical records with your health care team.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.