

Welcome

Desert Orthopaedic Center Surgery Center (DOCSC) wants to thank you for using our facility for your outpatient surgical procedure. DOCSC is licensed by the state of Nevada as an Ambulatory Surgery Center. We have state of the art equipment and a dedicated, experienced staff to care for you. Please read the information below and visit our website for complete instructions at www.doclv.com to assist you in preparing for your upcoming procedure.

Instructions

A nurse will call you the day before your procedure to give you pre-operative instructions and a list of necessary items to bring with you on the day of your procedure.

Children's Procedure

You may bring a favorite toy or blanket the day of your procedure. You must remain in the building the entire time your child is here.

Before Procedure

Make sure you don't EAT or DRINK anything after midnight, not even water (your procedure may be cancelled).

Don't chew gum or eat hard candy after midnight. It is recommended that you refrain from smoking.

Shower and wash your hair before your procedure to decrease the risk of infection.

If you think you may be pregnant, please notify your doctor and anesthesiologist; medications and anesthesia may affect the developing fetus.

You will need an adult at least 18 years old to drive you home after your procedure; please make arrangements in advance. It is helpful if a family member or significant other can be with you for 24 hours following procedure, especially if you have small children at home.

Do not take any medications after midnight unless instructed to do so by your physician or the nurse giving preoperative instructions.

Contact your doctor or the Surgery Center if you are ill and need to cancel your procedure.

Day of Procedure

Please complete all pre-operative paperwork you received from your doctor's office.

Leave jewelry and valuables at home.

Please bring health insurance cards, cash and/or credit card payment, and your driver's license with you on the day of your procedure.

Please bring a list of your medications to the surgery center, dosage and the last time taken with you on the day of your procedure.

Wear loose, comfortable clothing.

You will need someone 18 years or older to drive you home after your procedure.

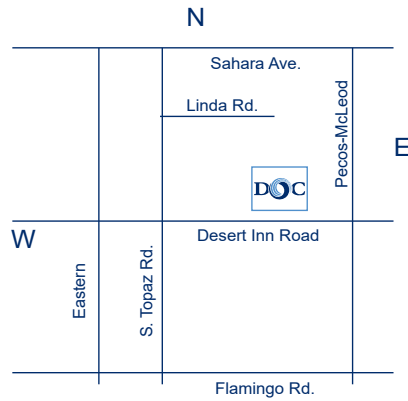
After Procedure

You will be given instructions regarding your care at home before you leave the facility.

You may have prescriptions from your physician that will need to be filled. It is normal to feel drowsy after anesthesia.

We recommend for the first 24 hours following your procedure that you do not operate equipment or drive, sign important papers, or drink any alcoholic beverages.

Children should not play on toys that move or roll.



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ORTHOPAEDIC
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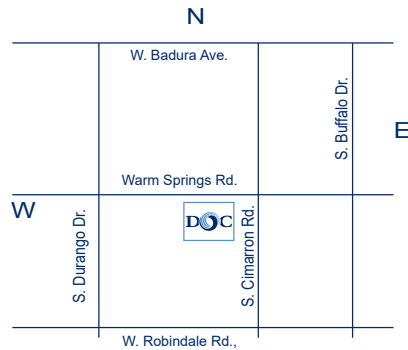
2800 E. Desert Inn Road, Suite 150
Las Vegas, Nevada 89121
(702) 735-7355 Fax: (702) 735-7921
www.doclv.com

Your procedure is scheduled for:

Day: _____

Date: _____

Arrival Time _____ **a.m. / p.m.**



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Pain Center

8205 West Warm Springs, Suite 130
Las Vegas, Nevada 89113
(702) 731-1616 www.doclv.com

**What you
need to know
before your procedure**



[Affix Patient Label]



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Desert Orthopaedic Center Surgery Center (DOCSC) is committed to providing the highest level of patient care. To achieve this objective, we ask our patients or their caretaker to complete a brief patient satisfaction survey after their surgery.

To better serve you, we have automated this process. Within 48 hours of your discharge from our facility, you will receive an email providing you with a link to complete our survey. The survey is performed online via a secure internet connection to the independent company we have hired to gather survey results. Simply follow the instructions and give us your feedback. Patients who complete the survey online will be entered into a monthly drawing for a \$100 gift certificate to Amazon.com.

Please write legibly and provide the email address to forward the survey to in the lines below:

If you do not have access to email or a computer, please let us know and we will provide you with a paper version of the survey to complete and return to us.

Si usted quisiera la encuesta en español, por favor, háganoslo saber y nosotros le proporcionaremos una versión impresa de la encuesta para completar y regresarlo a nosotros.

We are committed to protecting the confidentiality of our patient's information and identities and under no circumstances will your information be disclosed or used for marketing purposes.



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IMPORTANT – PLEASE READ

Billing and Charges

Institute of Orthopaedic Surgery, doing business as Desert Orthopaedic Center Surgery Center (DOCSC), is a separate legal entity from your doctor's office. Therefore, you may receive a separate bill from each.

All Surgery Center statements and insurance explanation of benefits you receive will reference Institute of Orthopaedic Surgery.

Ride Home

All patients must have a ride home with someone 18 years old or older. If you do not have a ride, please let your doctor know so we can help arrange a ride for you with an approved service.

If you are arranging a ride home through your insurance company, please ensure they are setting you up with a medical transportation because you will be receiving sedation. A ride-share service (such as Uber, Lyft, etc.) is not an appropriate option for this procedure, unless a friend or family member is accompanying you.

Failure to comply may result in your procedure being canceled.

Please notify your doctor prior to your procedure date if you take any of these drugs:

Plavix (Clopidogrel)

Coumadin (Warfarin)

Lovenox, Xarelto, Celebrex, Pradaxa, Eliquis

For your safety, your procedure may be canceled if you have not informed the doctor performing your procedure.



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PRE-OPERATIVE INSTRUCTIONS FOR PAIN PATIENTS

1. Your pain procedure physician will advise you on **eating and drinking prior to your procedure**. Generally, it is recommended not to eat 8 hours prior and to stop liquids 8 hours before your procedure. This is recommended to prevent aspiration after receiving IV medications.
2. Please be sure to take **your medications** as ordered by your physician. If you are diabetic, be especially mindful of discussing your diabetic medications with your doctor.
3. **Please be on time**. It will take approximately one hour to prepare you for your procedure.
4. **Minor Patients** (under 18 years old)
 - a. A legal parent or guardian must remain in the surgery center the ENTIRE time the minor patient is here.
 - b. If someone other than the legal parent or guardian is with the child, the legal parent or guardian must provide written permission, along with a copy of their photo ID and a telephone number where they can be reached the day of the procedure.
5. A copy of a **Power of Attorney** may be required if someone is signing for the patient.
6. Please **arrange for someone to stay** with you at least 24 hours after surgery.
7. **Bathe or shower** and wash your hair prior to coming to the surgery center to avoid risk of infection.
8. Do not wear perfume, cologne, body lotion, hairspray.
 - a. Wear **loose, comfortable clothing**. Easy-on shoes – no flip flops/thongs
9. Please **remove all jewelry, rings, piercings**, etc.
10. Leave all valuables at home or with your ride.
11. Do **bring a picture ID, insurance card and any copayment** you may have.
12. If you have an Advance Healthcare Directive, bring it with you.
13. **Your ride must remain at the surgery center during your procedure**.
14. **You must have someone 18 years old or older to drive you home**. If you do not have a ride, your procedure may be cancelled. You may not take a taxi, bus, Uber, Lyft, etc. unless you have someone you know over 18 years old with you.

FAQs (Frequently Asked Questions) About Surgical Site Infections:

Developed in accordance with Senate Bill 339 and Chapter 439 of the Nevada Revised Statutes

What are measures used at Desert Orthopaedic Center Surgery Center (DOCSC) to prevent infections?

- DOCSC prevents and controls infections within the facility through effective and nationally recognized infection control policies.
- All staff complete training in infection control, including aseptic technique and standard precautions, annually.
- All staff adhere to infection control policies and procedures implemented in the center, not limited to, but including, the proper use of required personal protective equipment, aseptic technique, high level disinfection and sterilization.
- Over the past 3 years, DOCSC has achieved an infection rate of 0.05% or 1 per 2,000 cases. All infections reported were included, regardless of outside contributing factors.
- As standard practice, DOCSC incorporates the use of IV antibiotics before surgery.
- Immediately before surgery, hair in the vicinity of the surgical site will be removed with electric clippers. Razors are not used as they present an infection risk by creating small nicks in the skin through which bacteria can enter.
- Bair Hugger® Therapy units are used to maintain ideal body temperature as patients who are kept warm resist infection better.

What processes are used to determine whether a patient has an infection upon or prior to admission to the medical facility?

- Patients are routinely contacted the day before their procedure regarding their health and a pre-operative interview is performed by nurses and physicians.
- Prior to your surgery, your surgeon may have you tested for methicillin-resistant Staphylococcus aureus (MRSA). The test is simple, usually just a nasal swab. If you have it, extra precautions may be taken to protect you from surgical site infection.

How is it determined whether an infection has been acquired?

- Only your physician can diagnose whether an infection has occurred. However, if you note any of the following, call your doctor immediately:
 - Redness and pain at the surgery site
 - Drainage of cloudy fluid

- Fever over 101°F or shaking chills

What are the risk factors for acquiring infections?

- Health problems such as allergies, diabetes, and obesity as well as hematocrit levels less than 36 can create an elevated risk of infection. Be sure to discuss these with your doctor.
- Stop smoking well in advance of your surgery. Patients who smoke are three times as likely to develop a surgical site infection as nonsmokers, and have significantly slower recoveries.
- After your surgery, family and friends should not touch your surgical wound or dressings and they should wash their hands before and after visiting.
- Those caring for your wound should always wash their hands before and after contact.

General information on preventing facility-acquired infections:

- Ask that medical staff clean their hands before treating you, and ask visitors to clean their hands also. This is the single most important way to protect yourself in a medical facility. All caregivers should clean their hands before treating you. Alcohol-based hand cleaners are more effective at removing most bacteria than soap and water.
- If your doctor or nurse uses a stethoscope or other diagnostic device, ask that the surface be wiped with germicidal cleaner.
- Shower before any procedure and consider showering or bathing daily with chlorhexidine soap beginning three to five days before surgery. Various brands can be bought without a prescription. It will help remove any dangerous bacteria you may be carrying on your own skin.
- Avoid touching your hands to your nose, mouth, or eyes and do not set food or utensils on furniture or bed sheets. Germs can live for many days on surfaces and can cause infections if they get into your mouth.

For further information, including reporting of facility acquired infections, go to:

http://health.nv.gov/HCQC_InfectionPreventionControl_PublicEd.htm

http://health.nv.gov/Sentinel_Events_Registry.htm

4150 Technology Way, Ste 211
Carson City, NV 89706

Phone: (775) 684-5911

Fax: (775) 684-5999 **Email:** ser@health.nv.gov



PATIENT RIGHTS

Desert Orthopaedic Center Surgery Center (DOCSC) recognizes the basic human rights of patients, with respect for property and person, including:

The patient's right to respectful, considerate and dignified treatment in a safe and secure setting, being free to exercise their rights without being subjected to any form of abuse, harassment, threat, discrimination or reprisal.

The patient's right to treatment without regard to race, ethnicity, national origin, religion, sex, age, current or anticipated mental or physical disability, sexual orientation, or genetic information.

The patient's right to complete information concerning their diagnosis, evaluation, treatment and prognosis to the degree known. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person.

The patient's right to Information necessary to give informed consent prior to any procedure and/or treatment. No care will be provided without patient consent.

The patient's right to confidential handling of disclosures and records and, except when required by law, is given the opportunity to approve or refuse the release of their medical records.

The patient's right to appropriate assessment and management of pain.

The patient's right to appropriate personal privacy during the course of their physical care.

The patient's right to participate in their healthcare decisions, except as medically contraindicated.

The patient's right to know in advance the expected estimated amount of his/her patient financial responsibilities and the right to examine and receive an explanation of his/her statement of charges regardless of the source of payment.

The patient's right to know who is counseling, caring for or treating them. The practitioner's name and professional qualifications shall be visible or stated on introduction.

The patient's right to information regarding the services available at the Center.

The patient's right to information concerning patient conduct and responsibilities.

The patient's right to express their spiritual beliefs and cultural practices, as long as these do not harm others or interfere with treatment.

The patient's right to consent or refuse to participate in experimental research.

The patient's right to be free from chemical restraints and exclusion, except as authorized by a physician or in an emergency when necessary to protect his/her self or others from injury.

The patient's right to voice grievances regarding treatment or care that is, or fails to be, furnished.

The patient's right to recommend changes in policies and services to the staff and governing body.

The patient's right to change providers if other qualified providers are available.

I have received this information both verbally and in writing in advance of the date of my procedure.

Patient Signature _____ Date _____ Time _____

Witness Signature _____ Date _____ Time _____



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PATIENT IDENTIFICATION

PATIENT RESPONSIBILITIES

Patient responsibilities require the patient to:

- Provide complete and accurate information to the best of his/her ability about his/her health and any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities. Provide accurate and complete medical history and treatment information.
- Follow the treatment plan prescribed by his/her provider.
- Provide a responsible adult to transport him/her home from Desert Orthopaedic Center Surgery Center (DOCSC) and remain with him/her for 24 hours, as required by his/her doctor and/or the DOCSC staff.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance, and assure all payments for services rendered are on a timely basis.
- Be respectful of all the health care professionals and staff, as well as other patients.
- Participate in his/her healthcare decisions.
- Read and understand all permits and/or consents before signing.
- Carefully read and follow the pre- and post-operative instructions, and keep appointments.
- Communicate any post-operative complication(s), or worsening condition with the physician.
- For minor patients, the responsible parent, legal guardian or person must remain at DOCSC. If the responsible person is not the parent or legal guardian, DOCSC requires the parent's / legal guardian's written permission, contact information, and a copy of their photo ID.
- Notify either the DOCSC Administrator or Supervisor if he/she feels any Patient Rights have been violated; or has a complaint or suggestion to improve services or care. The DOCSC patient satisfaction survey may be completed or direct or telephone contact may be made.

I HAVE READ AND UNDERSTAND THE ABOVE.

Patient Signature _____ Date _____ Time _____

Witness Signature _____ Date _____ Time _____



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PATIENT IDENTIFICATION

**Patient Informed Consent to Resuscitative Measures
(Not Revocation of Advance Healthcare Directive or Medical Power of Attorney)**

You have the right to accept or refuse medical or surgical treatment, and to participate in your healthcare decisions. You may complete and sign an Advance Healthcare Directive or a Power of Attorney authorizing others to make decisions for you, based upon your wishes, if you are unable to otherwise make or communicate your decisions. Desert Orthopaedic Center Surgery Center (DOCSC) respects and upholds those rights and references Nevada Revised Statutes 449.628 in the declaration of the following policy. A link to the Nevada Division of Health Care Financing and Policy can be found on the DOCSC Web site at www.doclv.com, where you will also find more information on Advance Healthcare Directive. DOCSC has Advance Directive forms available upon request.

Desert Orthopaedic Center Surgery Center does not routinely perform high risk procedures like an acute care hospital. While no surgery is without risk, those performed at DOCSC are considered to be of minimal risk. The specifics of your procedure, including the risks, recovery and aftercare, will be discussed with your surgeon.

Therefore, it is DOCSC policy, regardless of any Advance Healthcare Directive or instructions from a Health Care Surrogate or Attorney, that if an adverse event occurs during your treatment at DOCSC, resuscitative or other stabilizing measures will be initiated and you will be transferred to an acute care hospital for further evaluation. At the acute care hospital, further treatment, withdrawal of treatment or withdrawal of treatment measures already begun, will be ordered in accordance with your wishes, Advance Healthcare Directive, or Health Care Power of Attorney. Your signature, below, does not revoke or invalidate any current Health Care Directive or Health Care Power of Attorney.

If you do not agree with this policy, we are pleased to assist you in rescheduling this procedure. Otherwise, **please initial the appropriate box below.**

- Yes, I have an Advance Healthcare Directive, Living Will or Healthcare Power of Attorney.
- No, I do not have an Advance Healthcare Directive, Living Will or Healthcare Power of Attorney.
- I would like Advance Healthcare Directive information.

By signing this document, I acknowledge I have received this information both verbally and in writing in advance of the date of my procedure.

Patient Signature: _____ Date: _____

If consent to the procedure is provided by anyone other than the patient, the person providing the consent must sign this form, below:

Patient Advocate Signature: _____ Date: _____

Print Advocate Name: _____

Relationship to Patient:

- Court Appointed Guardian Healthcare Surrogate
- Attorney-in-fact Other: _____

DOCSC Employee



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PATIENT IDENTIFICATION

“Notice to Patients Regarding the Destruction of Health Care Records”

Desert Orthopaedic Center Surgery Center (DOCSC) follows the following guidelines in the storage of patient health care records pursuant to the provisions of subsection 7 of NRS 629.051 (SB17):

- The health care records of a person who is less than 23 years of age may not be destroyed; and
- The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and
- Except as otherwise provided in subsection 7 of the NRS 629.051 and unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051

My signature validates that I have received this notice and that my health care records may be destroyed without further notification in accordance with the guidelines above.

Patient / Guardian Signature

Date

PATIENT IDENTIFICATION



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DISCLOSURE OF OWNERSHIP INTEREST

Desert Orthopaedic Center Surgery Center (DOCSC) is an entity owned by local area physicians as noted below. These physicians became owners of DOCSC, in order to make high quality medical services available to their patients.

John Baldauf, M.D.
Hugh Bassewitz, M.D.
Thomas Dunn, M.D.
Roger Fontes, M.D.
Matthew Fouse, M.D.
Kyle Hancock, M.D.
Chad Hanson, M.D.
Lawrence Huff, M.D.

Paminder Kang, M.D.
Andrew Kim, D.O.
Daniel Lee, M.D.
Michael Lee, M.D.
Michael Miao, M.D.
Russell T. Nevins, M.D.
Steve Nishiyama, D.O.
Sungkook A. Park, M.D.

Archie Perry, M.D.
Abdi Raissi, M.D.
Walter Song, M.D.
Craig Tingey, M.D.
Troy Watson, M.D.
Richard Winder, M.D.
Richard Woodworth, M.D.

As an alternative to receiving your treatment at DOCSC, you may choose another facility, provided your physician has privileges at that facility. Please contact your physician if you wish to utilize another facility.

Otherwise, please read and sign off on the following:

I understand my treating physician may have an ownership interest in DOCSC and that I have the right to have my procedure performed at another facility where my physician has privileges.

I voluntarily elect to receive care at DOCSC.

I have received this information verbally and in writing in advance of the date of my procedure.

Printed Patient Name

Patient Signature

Date

Patient's Representative / Responsible Party

Relationship to Patient

PATIENT IDENTIFICATION



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**NOTICE OF PRIVACY PRACTICES
RECEIPT ACKNOWLEDGEMENT**

**Purpose: This form confirms that you have received the
Orthopaedic Center Surgery Center (DOCSC) Notice of Privacy Practices.**

I acknowledge I have received the Desert Orthopaedic Center Surgery
Center (DOCSC) Notice of Privacy Practices. I have had the opportunity to
read and consider the contents of the Notice of Privacy Practices.

Printed Patient Name

Patient Signature

Date

Patient's Representative / Responsible Party

Relationship to Patient

PATIENT IDENTIFICATION

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Statement of Non-Discrimination

Desert Orthopaedic Center Surgery Center (DOCSC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DOCSC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DOCSC provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, accessible electronic formats, other formats)

DOCSC provides free language services for people whose primary language is not English such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our office:

Desert Orthopaedic Center Surgery Center

2800 E Desert Inn Suite 150

Las Vegas, NV 89121

Telephone: 702-735-7355 Fax: 702-735-7921

Desert Orthopaedic Center Pain Center

8205 West Warm Springs, Suite 130

Las Vegas, NV 89113

Telephone: 702-731-1616

If you believe that DOCSC has failed to provide these services or has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the U.S. Department of Health and Human Services.

You can file a grievance in person or by mail or fax. If you need help filing a grievance, we have staff available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building

Washington, DC 20201

1-800-868-1019, 800-537-7697 (TDD).

General Grievance Process

Patients have the right to submit formal written grievances to DOCSC on any concern they may have. Receptionists at the front desk have forms to facilitate the grievance process. Formal grievances will be followed up within 30 days by DOCSC management.

Patient/Guardian Signature

Date

PATIENT IDENTIFICATION

PRE-ANESTHESIA QUESTIONNAIRE

Please completely answer ALL the following questions. Thank you!

Name: _____

Date of Birth _____ Sex at Birth: _____ Preferred Pronouns: _____

Height _____ Weight _____ Are you pregnant? YES/NO

Home/Cell Phone #: _____ E-mail Address: _____

Adult driving you home after your procedure? _____ Their Cell #: _____

Do you smoke? YES/NO How much each day? _____ Are you Diabetic? YES/NO

Have you or any family member ever had an unusual reaction to anesthesia? YES/NO Describe: _____

_____ Are you allergic to LATEX? YES/NO

All Allergies / Allergic Reactions: _____

Have you been ill or had a fever lately? YES/NO

Do you have any prosthetics? YES/NO

Are you taking addictive drugs? YES/NO

Do you drink alcohol daily? YES/NO

Do you have, or have ever had, any of the following?

	Yes	No	When?		Yes	No	When?
Lung Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bronchitis / Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____	Bleeding Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	_____	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Liver Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gall Bladder Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	_____	GI Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleep Apnea CPAP?	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizures / Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	_____	Head, Neck or Spine Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Valve Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gastric Reflux (GERD)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Palpitations / Irregular or Fast Beats	<input type="checkbox"/>	<input type="checkbox"/>	_____	Frequent Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pacemaker? Rate _____				Hiatal Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back / Disc Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phlebitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sciatica	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any illness or disease not listed? _____

Please provide any information you feel would be helpful to us in caring for you: _____

Previous Surgeries (Check only those surgeries you've had):

- | | | | | |
|---------------------------------------|--------------------------------------|--|--|---|
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Hernia | <input type="checkbox"/> Gallbladder | <input type="checkbox"/> Breast / Biopsy | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Sinus / Nasal | <input type="checkbox"/> Tubal Ligation | <input type="checkbox"/> Tonsils / Adenoids |
| <input type="checkbox"/> Orthopaedic | <input type="checkbox"/> Other _____ | | | |



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PATIENT IDENTIFICATION

PATIENT HOME MEDICATIONS – Medication Reconciliation

Print Your Name: _____

ALLERGIES & REACTION TO EACH: _____

Please list ALL prescription & over -the-counter (OTC) medications and herbs and vitamins you take.

Prescription & OTC Drugs, Herbs & Vitamin Name(s)	Dose	How many times a day or week do you take this drug?	Date & Time Last Taken

Patient Home Medication Record Completed to the best of the patient’s ability and reviewed by Pre-OP RN Initials: _____

**NEW MEDICATIONS PRESCRIBED AT DESERT ORTHOPAEDIC CENTER SURGERY CENTER (DOCSC)
(to be completed by RN)**

DRUG NAME	DOSE	ROUTE	FREQUENCY	LAST TAKEN



**DESERT
ORTHOAEDIC
CENTER**
Surgery Center

2800 E. Desert Inn Rd., Suite 150
Las Vegas, Nevada 89121
(702) 735-7355

8205 West Warm Springs, Suite 130
Las Vegas, Nevada 89113
(702) 735-7355

RN Initials _____ Copy to patient at discharge

PATIENT IDENTIFICATION