



NORTH ATLANTA  
EAR, NOSE AND THROAT  
SURGICAL CENTER

## PRE-OP INSTRUCTIONS

**Please read these instructions and be sure to follow them carefully to avoid cancellation of your surgery:**

If you have any questions, feel free to call our office at 470-297-0257. Our surgery center is located at 4150 Deputy Bill Cantrell Memorial Rd. Suite #160. (Behind Belk off exit 14, Ga 400)

1. Make arrangements to have a responsible adult be with you to drive you home after surgery. You must have an adult stay with you for the first 24 hours after your surgery. A parent or legal guardian must accompany a minor.
2. A nurse from the surgery center will contact you the week before surgery for your arrival time. For the safety of our employees, the door of the surgery center will not be unlocked until 6:30 am. Due to limited space, please limit family to two (2) people.
3. Adults- Do not eat anything (not even candy, gum, or mints) for at least eight (8) hours before your arrival time at the surgery center.
4. If you routinely take prescription medications, you may do so with a small sip of water up until three (3) hours prior to your arrival time, unless you have been directed otherwise by your surgeon or anesthesiologist.
5. Do not wear any make-up, nail polish, hairpins or jewelry to the surgery center. Do not bring money or valuables.
6. Shower or bathe the night before or the morning of surgery. Do not use lotions or oils on the skin the night before or the morning of surgery. Deodorant is permitted.
7. Notify the surgeon of any change in your physical condition (fever, cold, sore throat, etc.) before the surgery.
8. Wear loose comfortable clothing and shoes that slip on easily. No jeans, pantyhose, high heels or boots. Do not wear contact lenses.
9. Please do not take any aspirin products (Advil, Motrin, Aleve, Goody powders, etc.) as well as herbs and vitamins two (2) weeks prior to your surgery date.
10. An anesthesiologist will talk to you on the day of your surgery and answer any questions you may have regarding anesthesia.
11. Please call your insurance company to find out the laboratory they use and please bring your insurance card with you on the day of surgery.

**FAILURE TO FOLLOW THE ABOVE INSTRUCTIONS WILL RESULT IN THE CANCELLATION OF YOUR SURGERY.**

\_\_\_\_\_  
SIGNATURE OF PATIENT/ LEGAL GUARDIAN

\_\_\_\_\_  
DATE / TIME

\_\_\_\_\_  
SIGNATURE OF NURSE

11/19/17

PLEASE CHECK ONE OF THE FOLLOWING:

YES    NO

- 1. Any problems with prior anesthetics? If yes, please describe: \_\_\_\_\_
- 2. Have you ever had fever after an anesthetic?
- 3. Has any family member had problems with anesthetics, including malignant hyperthermia, paralysis, etc.?
- 4. Do you smoke?
- 5. Do you drink alcohol?
- 6. Do you use any recreation drugs, including heroin, cocaine, marijuana, etc?
- 7. Are you allergic to latex?
- 8. Have you taken steroids over the past year?
- 9. Can you climb 2 flights of stairs nonstop without getting chest pain or shortness of breath?
- 10. Do you exercise? Type/how often? \_\_\_\_\_
- 11. Have you ever had a blood transfusion? If yes, when? \_\_\_\_\_
- 12. Could you be pregnant?  
What is the date of your last menstrual period? \_\_\_\_\_
- 13. Do you have any bleeding or clotting abnormalities including easy bruising or excessive vaginal bleeding?
- 14. Do you have any implants? If yes, what type? \_\_\_\_\_
- 15. Have you had any recent colds? If yes, when? \_\_\_\_\_
- 16. Do you have loose teeth, chipped teeth, dentures, caps, crowns, bridgework, braces?  
If yes, please list. \_\_\_\_\_
- 17. Do you have difficulty or pain with opening your mouth widely or tilting your head back to look above?
- 18. Do you wear contact lenses or glasses?

DO YOU HAVE ANY OF THE FOLLOWING?

- 1. Thyroid or goiter problems?
- 2. Diabetes or epilepsy?
- 3. Muscle weakness, paralysis, stroke?
- 4. High blood pressure?
- 5. Chest pain, angina?
- 6. Heart disease, murmur, mitral valve prolapse?
- 7. Lung disease, shortness of breath, chronic cough?
- 8. Asthma, wheezing? Last attack: \_\_\_\_\_
- 9. Kidney or bladder disease?
- 10. Hepatitis, jaundice, cirrhosis, HIV positive?
- 11. Ulcers?
- 12. Hiatal hernia or reflux?
- 13. Anemia or recent weight loss?
- 14. Have you ever had nose or jaw surgery?
- 15. Have you had any broken facial bones?
- 16. Frequent headaches or dizzy spells?
- 17. Any back problems, including surgeries, fractures, painful positions.
- 18. Motion sickness?
- 19. Have you ever taken Redux, Phen-Phen, or any other diet pill? Date \_\_\_\_\_

**Patient/Responsible Party Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





## Statement of Nondiscrimination

North Atlanta ENT Surgical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. North Atlanta ENT Surgical Center, does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. North Atlanta ENT Surgical Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats and more)

If you need these services for your surgical procedure, please tell the nurse during your preoperative interview or call **470-297-0257**.

If you believe that the North Atlanta ENT Surgical Center, has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Robyn Davis  
4150 Deputy Bill Cantrell Memorial Rd. Suite #160  
Cumming, Ga 30040  
Phone: 470-297-0257  
Fax: 770-292-3046

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, a patient representative will 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/portal/lobby.jsf>, or by mail or phone at:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019**  
**1-800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Japanese

注意事項: 日本語での言語サポートを無料で提供しています。レジストレーション・スタッフ、または  
470-297-0257 までお問い合わせください。