

**Apt date:** \_\_\_\_\_

You are scheduled to have a pain management procedure at Jersey Shore Ambulatory Center of Virtua.

**What you need to know:**

1. You will need to log onto [Onemedicalpassport.com](http://Onemedicalpassport.com) to fill out your medical history online. First time users will need to create an account. Please choose the Jersey Shore Ambulatory facility. Your provider is Dr. Peter Pryzbylkowski
2. Bring a current list of all medications that you consume.
3. If you are 50 yrs or older, you will need to bring a copy of an EKG performed within 6 months of your scheduled date.
4. You will receive a phone call 24 hours prior to your procedure with your arrival time.

Contact information:

Jersey Shore Ambulatory Care of Virtua

405 Bethel Rd. Somers Point NJ

Ph: 609-601-7601

# SHORE AMBULATORY SURGICAL CENTER

405 Bethel Road  
Somers Point, NJ 08244  
609-601-7601



Shore Ambulatory Surgical Center is a licensed, accredited ambulatory surgical center conveniently located in Somers Point, NJ.

The comprehensive, multi-specialty ambulatory surgical center delivers the highest standard of care to patients.

Highly skilled surgeons, registered nurses and healthcare professionals ensure each patient visit is as safe, comfortable and pleasant as possible.

## About

Specially trained nurses and skilled technicians have more than 100 years of combined experience. The Center's nurse specialists are qualified in all phases of outpatient surgery: peri-anesthesia nurses (pre-op and recovery room), perioperative surgical nurses, and nurse anesthetists. They are skilled in managing all patients and types of cases, and all potential emergencies.

The Center's business specialists make surgical experiences as stress-free as possible for patients. They greet patients and usher them into the center. They handle all paperwork so patients can focus on their recovery. They handle insurance matters before surgery, and talk with patients confidentially about their benefits.

The Center's management team focuses on providing the highest level of care and communication to patients, physicians and their staff.

For more information about the Center's doctors, specialties and other patient information, please visit [www.jerseyshoreasc.com](http://www.jerseyshoreasc.com).

## Services

Medical specialties include:

- Anesthesiology
- Chiropractic
- Otolaryngology
- Gastroenterology
- General / Vascular Surgery
- Oculoplastic and Facial Surgery
- Ophthalmology
- Orthopedic Surgery
- Pain Management
- Podiatric Surgery
- Spine Surgery
- Urologic Surgery

## Innovative Solutions for a Changing Healthcare World

Medical Passport   Passport Engage   Facility Solutions   Medical Facilities   Patients   Company   Support

Patients  
Patient Overview

# How it Works Create Your Medical Passport

[start here to create yours](#)



### The Easy Way to Provide Your Health History

Completing the One Medical Passport online questionnaire is a convenient and secure way to give your healthcare providers the information they need to give you the best care possible. Just create an account, answer some basic questions about your health history, and One Medical Passport does the rest. You can access it whenever you'd like to update your information. Over two million patients a year and hundreds of medical facilities use the One Medical Passport system — it's the trusted leader in online pre-admission. [Start Your Medical Passport](#)

### One Simple Online Questionnaire

Now you don't need to fill out multiple forms to provide your health history to different medical facilities, departments or caregivers before a procedure. In addition, you no longer have to complete forms with questions that don't pertain to you. One Medical Passport customizes the online health history questionnaire to save you time, and then provides your healthcare providers with the information they need when they need it.



### Start and Finish at Your Convenience

You can sign into the One Medical Passport system at any time that's convenient for you. If you don't have time to complete the online questionnaire, simply log off and return to your Medical Passport when you have time to finish it. Remember to write down your username, so you can easily access your Medical Passport and update it to reuse it. It's best to provide an email address so you have quick access to technical support for any questions you may have. [Access patient help link here](#)

### Securely Send Information to Your Healthcare Providers

Once you have completed your Medical Passport, select finish and a copy of your Medical Passport is then sent to your healthcare provider to review. Your

information is protected by the most secure encryption technology available and is only accessible by the healthcare providers you designate. For complete information, see our privacy policy.



## Print Pre-op Directions and Your Medical Passport

You may want to print pre- and post-op instructions, so you know exactly what to do before and after your surgery. You may also want to print your Medical Passport to give a copy of it to your healthcare provider, or to have a copy of it on file at home. Many facilities also provide driving directions and parking instructions that are handy to print out. Printing these items is easy with One Medical Passport.

See Frequently Asked Questions in the Help Link

## A Medical Passport That's Yours to Keep

You can create and maintain Medical Passports for yourself and your family members to keep up-to-date medical histories for everyone. You can reuse a Medical Passport for future procedures, instead of completing a new medical form. If you need to update medical information, simply sign into the system, and edit and resubmit the Medical Passport. Your One Medical Passport account is always free and available for you. You can sign in anytime with your user name and password to:



- Access or update your health history information or change your address

- Send your Medical Passport to a healthcare provider before an upcoming procedure

- Print copies of your Medical Passport for healthcare providers or for your own records

- Provide a copy of your Medical Passport to dentists or specialists or for elective surgeries

- Create free Medical Passports for relatives. This is handy for seniors who may need help in maintaining their health history, or for kids going off to college who may need to access their health history

*Consumers are accustomed to doing business online. From banking and shopping to reservations, it is a convenience that people now expect. The healthcare experience should be no different. Patients want to be able to enter information electronically and have it ready and waiting for them when they arrive for testing. This type of technology is a real patient satisfier.*

—James Drinan, Director of Operations, Sky Ridge Medical Center, Lone Tree, CO



Toll Free: (888) 985 - 2727 · Fax: (609) 567 - 8832

### Patient No Show Agreement / Penalty

Welcome to Relievus. We are glad you have made an appointment for yourself or a family member.

Effective October 1, 2017 we will enforce a new Cancellation and No-Show Policy for Procedures. In order to provide you with high quality health care it is important for you to keep your scheduled appointment with the medical provider. Valuable time has been reserved for you or your family member. A missed appointment or late cancellation of an appointment results in lost time which could have been given to another person waiting to receive care. *Every day we get may calls for appointments. By cancelling your appointment as soon as possible, we can help other patients who are waiting to be seen.*

Our office will try to call 1-2 days ahead and remind you of your appointment; however, it is your responsibility to keep record of your appointment and to arrive on time. If you need to cancel or reschedule your appointment please call 24 hours in advance between the hours of 8:00A and 5:00P. Patients who cancel appointments with less than **24 hours' notice will be considered a No Show**. Every No-Show visit will be recorded in your chart. Multiple No-Show appointments within a **six-month period** can end your ability to make appointments for procedures/treatments, EMG and EEG testing.

We realize that an emergency may occur, and you may not be able to notify us. We will discuss that situation with you when it happens.

**No-Show Fee: You will be charged a fee of \$100.00 for each no-show.** You will still be able to receive medical services with our providers.

**After Three (3) No-Shows: Your scheduling privileges will be suspended for six months and you will be treated for conservative care only, depending on provider availability. We cannot guarantee that you will be seen.**

Thank you for working with us to ensure that services are provided to all our patients in the best possible way.

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#### Acknowledgement of No-Show Agreement / Penalty

<b>Signature:</b> _____	<b>Date:</b> _____
<b>Print Name:</b> _____	<b>Date of Birth:</b> _____
<b>If Patient is a Minor Print Name:</b> _____	<b>Date of Birth:</b> _____



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### Informed Consent for Pain Procedures

You have a pain problem that has not been relieved by routine treatments. A procedure, specifically an injection or operation, is now indicated for further evaluation or treatment of your pain. There is **NO guarantee** that a procedure will cure your pain, and in rare cases, **it could become WORSE**, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary. Your physician will explain the details of the procedure listed below. Tell the physicians if you are taking any blood thinners such as **Plavix, Aspirin, Coumadin, Lovenox, or Heparin**, as these can cause excessive bleeding and a procedure should **NOT** be performed. Alternatives to the procedure include medications, physical therapy, acupuncture, surgery, etc. Benefits include increase likelihood of correct diagnosis and/or of decrease or elimination of pain.

**Risks are**

- **Increased pain and allergic reaction** from local anesthetics, iodine, contrast (X-Ray dye), materials containing latex, IV anesthetics and/or other medications.
- **Allergic reaction from steroid**; facial flushing, elevation in blood glucose, headache, increased appetite, weight gain, swelling, menstrual irregularities, hoarseness, numbness, infection, abnormal heartbeats, increased blood pressure, stroke, heart attack, insomnia, etc.
- **Infection** on skin, tissue, bones, joints, discs, nerves, ligaments, possibly blood stream (Sepsis), brain and spinal cord (Meningitis) may require hospitalization.
- **Bleeding** into epidural space (Epidural Hematoma) and into spinal canal (Spinal Hematoma) may require surgical interventions such as an evacuation of blood from epidural space or spinal canal and decompression surgery.
- **Nerve damage, nerve injury, tissue injury, tissue damage, temporary and permanent numbness and/or weakness, paralysis, spinal cord injury, urinary and/or fecal incontinence.**
- **Headache** ("Spinal headache") may require blood patch (injecting your own blood into epidural space) and hospitalization.
- **Death**
- **Stellate Ganglion Block**: In addition to the above complications, hoarseness, difficulty swallowing, seizure, air in lung requiring a chest tube in the hospital.
- **Trigger Point Injection, Peripheral Nerve block, Occipital Nerve Block**: In addition to the above complications, **air in lung (Pneumothorax)** requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of depression in skin.
- **Joint Injection**: In addition to the above complications, **injection and fluid collection in the joint(s)** may require antibiotic treatment, fluid aspiration and surgical interventions.

**Procedure:** \_\_\_\_\_

The incidence of serious complications listed above requiring treatment is low, but it may still occur. Your physician believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done. **I have read or had read to me** the above information including the Pre-Procedure Patient Instruction page. I **UNDERSTAND** there are risks involved with spinal procedure, to include rare complications, which may not have been specifically mentioned above.

The risks have been explained to my satisfaction and I accept them and consent to any procedure which is performed by **a Relievus Medical Provider and its' associates including Physician Assistants and Nurse Practitioners in Relievus, LLC**. I herein authorize physicians, nurse practitioners and their associates in Relievus, LLC to perform this procedure. I also understand that one of the greatest risks involved with pain management procedures involves various medications taken, allergies and my general medical condition. I will inform the doctor of any blood thinning medication taken or any changes in other medications, allergies or medical condition prior to any procedure.

_____	_____	_____
Patient/Legal Guardian Print Name	Patient Signature	Date
_____	_____	_____
Witness Print Name	Witness Signature	Date

Medical Provider Declaration: I and/or my associate have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has considered to the above described procedure.

_____	_____	_____
Medical Provider's Name	Medical Provider's Signature	Date



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**Pre-Procedure Patient Instructions for Pain Management**  
(Your procedure is done at an Ambulatory Surgical Center or Hospital)

- Come with an **empty stomach**.
- Do **NOT** eat or drink anything at least **8 hours prior** to your procedure. (No food, water, soda, coffee, tea, Gatorade).
- Do **NOT** chew gum or suck on any candy/mint.
- If you are taking “blood thinning” medications, we must have a letter from the prescribing physician giving permission for you to stop the medication for the appropriate time period. Do not stop your medication until you have discussed this with your prescribing doctor and have written permission.

**Injectable Medications:**

- |                             |  |
|-----------------------------|--|
| • Aggrastat (tirofiban)     | Stop <b>8 hours prior</b> to procedure.  |
| • Angiomax (bivalirudin)    | Stop <b>14 days prior</b> to procedure.  |
| • Arixtra (fondaparinux)    | Stop <b>7 days prior</b> to procedure.   |
| • Heparin                   | Stop <b>24 hours prior</b> to procedure. |
| • Integrilin (eptifibatide) | Stop <b>8 hours prior</b> to procedure.  |
| • Iprivask (desirudin)      | Stop <b>14 days prior</b> to procedure.  |
| • Lovenox                   | Stop <b>24 hours prior</b> to procedure. |
| • Novastan (argatroban)     | Stop <b>14 days prior</b> to procedure.  |
| • Orgaran (danaparoid)      | Stop <b>7 days prior</b> to procedure.   |
| • Refludan (lepirudin)      | Stop <b>14 days prior</b> to procedure.  |
| • ReoPro (abciximan)        | Stop <b>2 days prior</b> to procedure.   |

**Medications Taken by Mouth:**

- |   |  |
|---|--|
| • Aspirin or aspirin containing medications (such as Excedrin)  | Stop <b>7 days prior</b> to procedure.     |
| • Brilinta (tricagrelor)  | Stop <b>5 days prior</b> to procedure.     |
| • Coumadin (warfarin)   | Stop <b>5 days prior</b> to procedure.     |
| • Dicumerol/Dicumarol   | Stop <b>5 days prior</b> to procedure.     |
| • Effient (prasugrel)   | Stop <b>7 days prior</b> to procedure.     |
| • Eliquis (apixaban)  | Stop <b>3 days prior</b> to procedure.     |
| • Elmiron   | Stop <b>5 days prior</b> to procedure.     |
| • Exanta (elagatran/ximelagatran)   | Stop <b>14 days prior</b> to procedure.    |
| • NSAIDs (Ibuprofen, Naproxen, Aleve, Diclofenac, Motrin, Advil, Mobic, Deuxis, Zorvolex, Zipsar, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.)   | Stop <b>3 – 5 days prior</b> to procedure. |
| • Persantine (dipyridmole)  | Stop <b>7 days prior</b> to procedure.     |
| • Plavix (clopidogrel)  | Stop <b>7 days prior</b> to procedure.     |
| • Pletal (cilostazol)   | Stop <b>7 days prior</b> to procedure.     |
| • Pradaxa (dabigatran)  | Stop <b>2 days prior</b> to procedure.     |
| • Xarelto (rivaroxaban)   | Stop <b>2 days prior</b> to procedure.     |
| • Ticlid (ticlopidine)  | Stop <b>14 days prior</b> to procedure.    |
| • Vitamin E   | Stop <b>3 days prior</b> to procedure.     |
| • Do <b>NOT</b> take NSAIDs (Ibuprofen, Naproxen, Aleve, Diclofenac, Motrin, Advil, Mobic, Deuxis, Zorvolex, Zipsar, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.) <b>3-5 days prior</b> to your procedure (Acetaminophen = Tylenol is acceptable). |  |
| • Do <b>NOT</b> take Vitamin E, Fish Oil, Garlic, Ginki, Ginseng <b>5 days prior</b> to the procedure.  |  |

- If you are not sure, please feel free to ask us or call your local pharmacist.
- **Please continue to take** your blood pressure pills, seizure medications, asthma medications, thyroid medication, pain medications as prescribed/scheduled with a sip of water.
- You should have an **ESCORT** to drive you home due to the nature of the procedure. **THIS IS MANDATORY!** THE DRIVER MUST MEET you in the car. Procedures will be cancelled if you do not have a driver.
- You might require pre-procedure blood work if your procedure is a Discography, Disc Decompression or Spinal Cord Stimulator insertion.
- If you are allergic to **Latex**, please tell the physician immediately.
- If you are allergic to **Shell-Fish, Iodine Contrast, IVP Dye or CT Scan Contrast**, please tell the physician immediately.
- Please arrive **30 minutes before** your appointment time. This allows us time to complete the necessary paperwork and nursing assessments prior to the procedure.
- Wear loose fitting clothing the day of your procedure.
- Do not apply powder or cream over the area where the procedure is to be performed.

For more information, visit our website [www.relievus.com](http://www.relievus.com) or call the office at (888) 985-2727.

**Female Patients**

- If you are pregnant or trying to get pregnant, you **MUST** inform us immediately.
- **Urine pregnancy test** will be done prior to the procedure.

**Diabetic Patients**

- If you are Diabetic, you need to let us know and we will schedule your procedure early in the morning.
- Take ½ of your long acting insulin the morning of your procedure only.
- DO NOT take any oral diabetic medications.
- Please, check your glucose (finger stick) at home on the procedural day.

The above instruction was given to me and/or my guardian(s) at least 72 hours prior to the procedure. I have read or had read to me the above information including the surgical consent. I have followed the above instruction.

Patient or Legal Guardian’s Name: \_\_\_\_\_

Patient’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## Home Care Instruction After Pain Procedure

### Insertion Site Care

- Ice packs, if needed for the first 24 hours. Warm moist heating pads after that.
- May alternate ICE & HEAT every 10 minutes after 24 hours.

### Activity

- Take it easy today! REST for 24 hours. Then, increase activity as tolerated.
- If you have weakness or numbness anywhere caused by the pain block, limit activity until sensation returns to normal.
- You may take a shower the next day and remove the band-aids.
- Avoid tub baths, whirlpools and swimming pools for the next 2-3 days.
- **If you received sedation via IV or you took any oral sedative medication (Valium, Xanax, Ativan, or Klonopin), DO NOT drive any vehicle, DO NOT operate any equipment for the next 24 hours and DO NOT make any important decisions for the next 24 hours.**

### Diet & Med

- Drink plenty of fluids and resume normal diet as tolerated.
- Resume your medications as instructed including pain medication.
- Resume "Blood Thinners" Plavix, Coumadin, ASA, etc. as scheduled.
- You may take extra Tylenol and/or Motrin (Ibuprofen) if pain at the injection site.

### What to Expect After the Procedure

- You may experience increased pain for 24 hours to 5 days after the injections, or a stiff, full, tight feeling. This is normal. Use ice and heat as needed.
- You may have bruising at the injection site. If so, apply ice.

### Notify Your Doctor if Any of the Following Occur at (888) 985-2727

- Any skin rashes, hives, shortness of breath, or wheezing.
- An increase in your level of pain unrelieved by regular means.
- Persistent nausea or vomiting.
- Persistent headache which worsens upon sitting or standing.
- Chills/Fever (temperature greater than 101° F).
- To help us check the results of your pain block, please note if and when your pain returns. Also, record the time you begin taking any pain medications.
- Any other questions/concerns call the doctor's office at **(888) 985-2727**.

### Follow Up

- You should have a follow up appointment within 2-3 weeks. Please call the office at **(888) 985-2727** for a follow up appointment.
- Please try to remember quality of pain relief (0% ~ 100% pain relief) and the duration (3 hours, 1 day, 14 days, etc.)

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Patient/Legal Guardian Signature

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Date