



Memorial Ambulatory Surgery Center LLC

160 Madison Avenue
Mount Holly, New Jersey 08060
(609) 265-7800 • Fax (609) 914-8501
www.virtua.org

Patient Name: _____

Procedure: _____

Date of Procedure: _____

Physician: _____

The physician who has referred you to Memorial Ambulatory Surgery Center may have a limited investment in this facility, you are free to choose another facility in which to receive the services that have been ordered by your physician. Your Surgery Center provider must also inform you if your insurance company or other third-party payor will be handling the reimbursement as an "in-network" or "out-of-network" level.

My physician _____ is / is not an investor at Memorial Ambulatory Surgery Center.

I have received the brochure containing information on patient rights prior to my procedure. Yes / _____ No

Do you have an Advance Directive? Yes / _____ No

I have received Memorial Ambulatory Surgery Center's policy on Advance Directives prior to my procedure. Yes / _____ No

I have received Memorial Ambulatory Surgery Center's Notice of Privacy Practices.
 Yes / _____ No

X _____
Patient's Signature _____ *Date* _____

Patient Representative's Signature (if applicable) _____ *Date* _____

Thank you for choosing the Memorial Ambulatory Surgery Center (MASC) for your upcoming surgery or procedure.

Important information/One Medical Passport:

To start the pre-surgical assessment process, MASC requests that you complete your medical history online with One Medical Passport as soon as your surgery or procedure is scheduled. If you do not have internet/computer access, you may ask a friend or family member to assist you with entering your information.

Once you have done this, our Pre-Surgical Assessment nurse will be able to view the information that you have entered online. This information is reviewed by the surgical treatment team and you will be called within 2 days of your scheduled surgery to receive your pre-surgical instructions. This includes medication instructions for the day of your procedure.

Be sure to have the following information available before starting One Medical Passport:

- The names and phone numbers of your physicians.
- A list of all medications you are taking, their dosage and how many times a day
- A list of surgical procedures you have ever had
- The name of the surgeon who will be performing your upcoming procedure

Tips for completing One Medical Passport:

- Choose "FACILITY" so that we receive the information
- The name of the facility is "Memorial Ambulatory Surgery Center- Mount Holly"
- If you have any questions about this site or require assistance, please call (609) 914-6500

About One Medical Passport

Completing a One Medical Passport medical history online is easy. For most patients, filling out the entire questionnaire takes less than 30 minutes. Please fill out the questionnaire accurately, and be assured that all of your information is kept confidential and will be thoroughly reviewed by your medical team. At any time, you can quit filling out the questionnaire and come back and complete the unfinished portion at a more convenient time. Be sure to note your user name and password so that you may easily resume your passport. Also, you can easily go in and update your health information for future surgeries here at MASC. One Medical Passport is a secure website. Your information will not be shared with anyone.

Required Testing Order Form

Contact your family physician if you require lab work, pregnancy test, or an EKG.
Labs good for 30 days before surgery date.

Note: If you need to have a pregnancy test, you must have it done within seven (7) days of your surgery or procedure date.

Medical History & Nursing Assessment

* Please use www.onemedicalpassport.com, to complete (fill-out) your medical history form as soon as possible.

You will receive a phone call from an RN seven (7) days prior to your surgery and/or procedure date.

Please make sure we have a daytime phone number (Cell phone, if possible) where you can be reached.

Surgery Arrival Time

* Please call (609) 261-7481 the day before your procedure/surgery between the hours of 2:00 PM - 4:00 PM for your arrival time at the Memorial Ambulatory Surgery Center.

Precautions

If you are taking blood thinners, aspirin, diet pills or herbal supplements, call your surgeon and/or physician for further instructions.
Discontinue diet or herbal supplements two (2) weeks prior to surgery and/or procedure.

Dietary Restrictions

Do not eat or drink anything after midnight the night before your surgery, unless otherwise instructed by the pre-admission nurse. ← for patients with sedation.

Financial Arrangements

On surgical and/or procedural day bring the following:

- Referrals ● Insurance Cards ● Form of photo identification

- Co-Pay (due day of surgery/procedure):


Payment Methods: (Cash, Personal Check, Money Orders, Certified Check, VISA, MasterCard, or Discover Card.)

General Information

- If you develop a fever, cold, flu or any change in your condition 5 days prior to planned surgery and/or procedure, contact your surgeon.
- Make arrangements for someone (no cab or bus drivers) to drive you home after your surgery and/or procedure. It is strongly recommended that your driver remain in the building until you are ready for discharge. A responsible adult must stay with you after surgery.
- Do wear comfortable clothing.
- Do not wear make-up, jewelry, cologne, or contact lenses. All body jewelry must be removed, including piercings.
- Do not bring valuables.
- You will receive written discharge instructions.
- Free Wi-Fi access available in our lobby.

OUR GOAL IS TO PROVIDE YOU WITH AN EXCELLENT PATIENT CARE EXPERIENCE

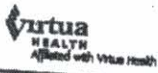
Patient Name: _____



Memorial Ambulatory
Surgery Center LLC

PATIENT INFORMATION SHEET

REVISED 09/2010



Virtua
HEALTH
Affiliated with Virtua Health



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.

Acknowledgement of No-Show Agreement / Penalty

Signature: _____ **Date:** _____
Print Name: _____ **Date of Birth:** _____
If Patient is a Minor Print Name: _____ **Date of Birth:** _____



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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 **8 hours prior** to procedure.
- Angiomax (bivalirudin) Stop **14 days prior** to procedure.
- Arixtra (fondaparinux) Stop **7 days prior** to procedure.
- Heparin Stop **24 hours prior** to procedure.
- Integrilin (eptifibatide) Stop **8 hours prior** to procedure.
- Iprivask (desirudin) Stop **14 days prior** to procedure.
- Lovenox Stop **24 hours prior** to procedure.
- Novastan (argatroban) Stop **14 days prior** to procedure.
- Orgaran (danaparoid) Stop **7 days prior** to procedure.
- Refludan (lepirudin) Stop **14 days prior** to procedure.
- ReoPro (abciximan) Stop **2 days prior** to procedure.

Medications Taken by Mouth:

- Aspirin or aspirin containing medications (such as Excedrin) Stop **7 days prior** to procedure.
- Brilinta (tricagrelor) Stop **5 days prior** to procedure.
- Coumadin (warfarin) Stop **5 days prior** to procedure.
- Dicumerol/Dicumarol Stop **5 days prior** to procedure.
- Effient (prasugrel) Stop **7 days prior** to procedure.
- Eliquis (apixaban) Stop **3 days prior** to procedure.
- Elmiron Stop **5 days prior** to procedure.
- Exanta (elagatran/ximelagatran) Stop **14 days prior** 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 **3 – 5 days prior** to procedure.
- Persantine (dipyridmole) Stop **7 days prior** to procedure.
- Plavix (clopidogrel) Stop **7 days prior** to procedure.
- Pletal (cilostazol) Stop **7 days prior** to procedure.
- Pradaxa (dabigatran) Stop **2 days prior** to procedure.
- Xarelto (rivaroxaban) Stop **2 days prior** to procedure.
- Ticlid (ticlopidine) Stop **14 days prior** to procedure.
- Vitamin E Stop **3 days prior** to procedure.
- Do **NOT** 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.) **3-5 days prior** to your procedure (Acetaminophen = Tylenol is acceptable).
- Do **NOT** take Vitamin E, Fish Oil, Garlic, Ginki, Ginseng **5 days prior** 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 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.)

Patient/Legal Guardian Signature

Date