

OUT PATIENT/DAY SURGERY INSTRUCTIONS

Patient Name: _____

Surgery Date: _____ Surgery Time: _____ AM / PM

- If box is checked, obtain a letter of medical clearance from your Primary Care Physician (Internist).
- ❖ Please call the Pre-Surgical Testing Unit for an appointment, which must be seven (7) to twenty one (21) days prior to your surgery date. Failure to do this may result in the cancellation of your surgery (This is an NYU Medical Center requirement). Once you have an appointment, please call the office at (212)-686-8686 ext. 208 to inform us of the appointment date and time.
 - ❖ Arrive at Day Surgery Unit one hour prior to your scheduled surgery time.
 - ❖ Do not eat or drink anything after midnight.
 - ❖ Do not bring any jewelry or expensive items.
 - ❖ Wear comfortable and loose fitting clothes.
 - ❖ Ensure you have an escort (over the age of 18) to take you home. The Day Surgery Unit will not discharge you otherwise.
 - ❖ Stop taking aspirin or any anti-inflammatory medications, such as Ibuprofen, Motrin or Advil one week prior to surgery (Tylenol OK).
 - ❖ If you are insured by Oxford Health Plans, confirm with Oxford that the doctor is listed as your Ob/Gyn (800-444-6222). If not you may be financially responsible for the procedure.

Below are the addresses and telephone numbers of the Pre-Surgical and Day Surgery Units. Any questions related to their services should be directed to them.

<p>PRE-SURGICAL TESTING NYU MEDICAL CENTER RUSK INSTITUTE 400 EAST 34TH STREET NEW YORK, NY 10016</p> <p>TELEPHONE: (212) 263-5985</p>	<p>DAY SURGERY NYU MEDICAL CENTER 530 FIRST AVENUE 2ND FLOOR (CO-OP CARE/MIUU) NEW YORK, NY 10016 (Elevators G or H) TELEPHONE: (212) 263-2068</p>
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**** Surgery Cancellation Policy ****

Any cancellation or rescheduling of a scheduled surgical procedure without a valid medical reason will incur a \$200.00 cancellation fee which is not covered by insurance.