



ADVANCED
EYE SURGERY CENTER

patient label

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PRE-OPERATIVE COMMUNICATION

Patient: _____ **Date(s) of Service:** _____

In order to ensure your privacy, Advanced Eye Surgery Center (AESC) needs to know what method is best to communicate with you. AESC may use the following methods of communication regarding information related to your personal health, treatment or payment for treatment. Your privacy is important to us and we thank you in advance for your cooperation in helping us protect it.

You will be contacted by our billing department the week prior to your procedure *if* there will be any out of pocket expenses due at the time of service. Our clinical staff will also contact you during the week prior to your procedure. At that time they will review your health history and provide specific arrival time information so you can make the appropriate travel arrangements. **Please note this time may be different from the time frame given to you by your physician’s office.** If you have not been contacted by 2pm the afternoon prior to your procedure, please call us at 530-342-1800 and speak to the pre-op nurse. You may also visit our website at **www.advancedeyesurgery.com** for further information regarding your procedure and our facility.

If you are scheduled for a procedure where you will receive anesthesia/sedation, **you are required to have a responsible adult drive you home and stay with you for 24 hours after discharge from AESC.** This person must be present with you when you register in order to proceed with your procedure. Once your ride is confirmed and their contact information is provided, they will have the option to leave and then return at the time given to them by our registration staff. Please provide your **insurance card(s), photo identification,** and completed **Medication Reconciliation Form** to our registration staff upon arrival for your appointment.

- Contact me by phone at home _____
- Work _____ Cell _____
- AESC may leave a message on my voice mail/answering machine
- AESC may speak to anyone who answers the phone
- AESC may only speak to _____
- AESC may leave a message for me at my work phone number

Please provide an email address for our patient satisfaction survey: _____

“By signing this form, I authorize Advanced Eye Surgery Center to communicate with me by the methods indicated above in regards to my personal health, treatment or payment for treatment. I acknowledge I am responsible for updating this information as necessary and that this form supersedes any prior requests”

Signature: _____ Date _____

Information mailed to patient Staff Signature: _____ Date: _____