**BMT / EPISTAXIS SURGERY CHECK LIST**

**IF WE DO NOT RECEIVE ALL NECESSARY DOCUMENTS 2 DAYS BEFORE THE PROCEDURE, YOUR SURGERY WILL BE CANCELLED!**

* **HISTORY & PHYSICAL, LAB REPORTS AND SPECIALIST CLEARANCES\* NEED TO BE FAXED TO DR. SAMADI’S OFFICE AT 201-996-1605 AT LEAST ONE WEEK BEFORE THE SURGERY.**
* ***\*****PLEASE NOTE THAT CLEARANCES FROM ANY SPECIALIST REQUIRE THE EXAMINATION NOTES FROM THE VISIT.*
* YOU MUST FILL OUT THE PATIENT’S *ONLINE CLINICAL HISTORY* AT:

**http://www.metrosurgerycenter.com**

* **CALL METROPOLITAN SURGERY CENTER THE DAY BEFORE THE SURGERY BETWEEN 4PM-6:30PM TO GET THE SURGERY TIME AT 201-527-6800.**
* IF YOU NEED TO CANCEL PLEASE CALL DR. SAMADI’S OFFICE AT 201-996-1505 48 HRS BEFORE THE SURGERY TO CANCEL. CANCELLATION FEE WITHOUT A 48 HOUR NOTICE IS $100.
* BE ON TIME TO YOUR SURGERY AND REMEMBER TO BRING A COPY OF ALL YOUR CLEARANCES AND REPORTS THE DAY OF THE SURGERY.
* *Patients 5 years and older****, for tonsillectomy only***, will be receiving a prescription for the following medications after surgery. Please call your local pharmacy once your child’s surgery is scheduled to make sure that they have the medication at that location.
  + Tylenol with Hydrocodone Elixir 7.5 MG/ 325 MG/15 ml

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL DR. SAMADI’S OFFICE AT

**201-996-1505**. THANK YOU FOR YOUR TIME.

* **PLEASE BE ADVISED THAT IF YOU HAVE ANY CO-PAYS, CO INSURANCES, OR DEDUCTIBLES YOU WILL BE CALLED AND NOTIFIED AND ANY BALANCE WILL HAVE TO BE PAID NO LATER THAN 24 HOURS OF SCHEDULED SURGERY DATE**.

https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcS7dH44qnxzt0O0pKG2YTegsZWN5NefQLUzJ2qitcI53D2Zyhfk

**433 Hackensack Avenue, LL01, Hackensack, NJ 07601**

**Tel: 201-527-6800Fax: 201-342-9383**

Daniel S. Samadi, MD

Otolaryngology- Head and Neck Surgery

Pediatric Ear, Nose & Throat

(201) 996-1505 Phone

PREOPERATIVE INFORMATION

For your child’s safety, it is very important that you follow these feeding instructions exactly. **If you do not follow these instructions you child’s surgery may be cancelled.**

Nothing By Mouth: Guidelines for MSC, Ambulatory Surgery Center:

**NOTHING TO EAT OR DRINK 10 HOURS PRIOR TO ARRIVAL**

Important date, times and phone numbers:

Surgical date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child’s surgery will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please arrive one hour prior to scheduled surgery time.

2. Please bring a copy of clinical clearances to the surgical center the

day of the procedure.

* **Surgery Center Address:**433 Hackensack Avenue, LL01, Hackensack, NJ 07601

Tel: 201-527-6800 Fax: 201-342-9383

* You will receive a phone call from the surgical center the evening before your child’s surgery
* **All children prior to their surgery date will be medically cleared by their PCP – MUST BE DONE WITHIN 30 DAYS OF THE SURGERY DATE**
  + Parents are responsible to have their child’s PCP fill out the attached **“History & Physical”** clearance form, which requires the child to get a full physical **at least ONE WEEK prior** to the operation. Please have your doctor send or fax the completed form **at least ONE WEEK prior** to surgery date to Dr. Samadi’s office at **fax # (201)- 996-1605.** You are responsible for bringing the original form with you on the day of the surgery.
* If your child is required to have a blood test, please make sure the results are sent/faxed over to Dr. Samadi’s office **ONE WEEK** before the surgery date – BLOOD WORK IS VALID FOR 6 WEEKS
* If your child sees a cardiologist or other specialist on a regular basis, please have the doctor send/fax a letter of clearance of at least **ONE WEEK** prior to surgery to Dr. Samadi’s office (201) 996-1605.
* Your child should not be given medication containing Aspirin, 2 weeks prior and two weeks after the surgery.
  + Tylenol and Motrin are okay
* Make arrangements for care of your other children so that you can focus on the child having surgery.
* Bring a bottle or sippy cup and a special toy or blanket for your child.
* Remove your child’s nail polish, fake nails, jewelry (including all piercings), and makeup. Place your child’s long hair in a ponytail. All jewelries will be removed prior to transport to the operating room.
* If your child wears contact lenses, please bring a lens storage case and their glasses with you.
* If you have referrals for your surgeon, anesthesiologist, or surgery center, you may fax them to (201)–996–1605, and bring them with on the day of the surgery.
* Please have the patient’s insurance card available upon arrival along with a photo I.D.
* Also, please make sure to visit our website at ***www.entsinushearingcarecenter.com*** for additional information regarding your procedure.

metropolitan



surgery center LLC

433 Hackensack Avenue, Suite LL01

Hackensack, NJ 07601

Tel: 201-527-6800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: 201-342-9383\_

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are scheduled for surgery at Metropolitan Surgery Center on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please note that once your surgery is scheduled you can go onto [www.metrosurgerycenter.com](http://www.metrosurgerycenter.com/) and click on the Online Clinical History tab which will take you to the One Medical Passport home page. You can then follow the prompts and enter all of your medical/surgical history and current medications and dosages taken.

This information allows the medical team to review your history and request any additional testing that may be needed to provide you with the safe, quality care our patients deserve. Therefore, please enter the information as soon as possible to prevent your procedure from being cancelled.

Also, you must bring a photo ID and your insurance card to the center on your day of surgery. Failure to do so may result in the cancellation of your procedure.

Sincerely,

Nicole Gobin, Administrator

**Your Endorsement Matters!**

Dear Patient,

Thank you for your recent visit to our office. We want to ensure that we are doing everything possible to provide the very best care in a comfortable, welcoming environment.

We would like to hear what kind of experience you had while visiting our office. Your opinion matters greatly to us.

If we did not meet all of your expectations, please call our practice administrator. We are eager to listen to your feedback and resolve any problems that you may have.

If you are satisfied with our service, we would appreciate if you took a few moments to share your experience with others by writing an online review. Your vote of confidence is much appreciated and will help other patients make informed decisions.

Please visit link below to recommend us online:

**http://drstars.com/samadi**

Prefer texting**?** You can also easily share your feedback by texting Samadito 310-494-2829. Our management will receive your feedback.

Please feel free to contact us if you have any questions or need anything else.

Be well,

Dr. Sharyar Daniel Samadi

10 Forest Ave, # 100

Paramus, NJ 07652

(201) 996-1505

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PLEASE FAX BACK TO **201-996-1605**

Daniel S. Samadi, M. D.

Pediatric Ear, Nose & Throat

Otolaryngology – Head and Neck Surgery

Telephone (201) 996-1505 Fax (201) 996-1605

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To ensure that your surgery is done in a timely and efficient manner, we ask that you please adhere to the following guidelines:

**Clearances:** Please have medical clearance forms completed and sent back to the office **ONE WEEK PRIOR** to your surgery date. If we do not receive the necessary documents on time and/or a phone call from you, we will assume you are cancelling your surgery. Please be in communication with your surgical coordinator to verify your status.

**Cancellations:** If you cancel your surgery without **48-hour** notice, or do not show up to your surgery, you will be charged $100.00, unless there is a medical or emergent reason, please provide supporting documentation.

**Surgery Times:** You will receive a phone call from the hospital or surgical center the afternoon prior to your surgery’s date with your time of surgery. If by chance you do not receive a phone call, please feel free to contact our office at (201) -996-1505, or Metropolitan surgical center (201) 527 -6800.

**Post-Operative Medications:** (for 5 years and older for tonsillectomy)

The patient will be receiving a prescription for the following medications after surgery. Please call your local pharmacy once your child’s surgery is scheduled to make sure that they have the medication at that location.

* Tylenol with Hydrocodone Elixir 7.5 MG/ 325 MG/15 ml

**\*[ Please indicate if you take any weight loss medication: □ YES □ NO ]\***

**Please indicate if any of these specialists apply to you:**

Heart\_\_\_\_\_\_\_\_ Lungs \_\_\_\_\_\_\_\_ Kidney \_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEST PHONE NUMBER TO REACH YOU AT: (1)** \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

**(2)** \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_

***Sign:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: ­­­­­­­­­­­­