



A division of Mercy Medical Center

2801 NW Mercy Drive, Suite 200
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Telephone (541) 677-2800
Fax (541) 677-2820

YOU SHOULD ARRIVE AT THE OREGON SURGERY CENTER ON:

Day _____ Date _____ Time _____ .

Please do not be late

Dear Patient,

Please carefully review the enclosed information and complete the PATIENT HEALTH HISTORY page. This information is very important for your surgery/procedure. In addition, a pre-op nurse may call you to ensure your health history in our file is current.

PLEASE NOTE that it is OREGON Surgery Center's policy that the parents, guardians, and family of patients 18 years old and younger, 60 years old and older and disabled patients ARE REQUIRED to remain at the Surgery Center during the procedure.

PLEASE BRING THIS PACKET WITH YOU TO YOUR SURGERY/PROCEDURE. If possible, please drop off this packet at OREGON Surgery Center as soon as you complete these forms.

Pre-registration staff may call you a few days prior to your surgery to update your personal information and review your payment obligation with you.

If you have any questions about this packet, call OREGON Surgery Center's Pre-Op Clinic at (541) 677-2835. The hours vary for the Pre-Op Clinic, so if you reach their voice mail, please leave a detailed message and a nurse will return your call.