SAME DAY SURGERY INFORMATION SHEET: CHONY

Your child is scheduled for surgery on _____________________ at the Morgan Stanley Children’s Hospital, located at 3953 Broadway Avenue, with Dr. _____________________________.

Please review the following important instructions:

Your child must obtain medical clearance from their private doctor within 30 days of the surgery date. The results must be faxed to the surgical scheduling department at (212) 342-5435 at least 7 business days prior to the surgery date.

The Nurse’s station will call you the day before your surgery between the hours of 3:00 PM-5:00 PM. If your surgery is scheduled on a Monday, you will receive a call on the previous Friday. At that time, you will be given pre-operative instructions for your child as well as an arrival time. If you do not hear from the nurse by 5:45 PM on the day before surgery, please call the Nurse’s Station at (212) 305-8069.

PLEASE REMEMBER THAT YOUR CHILD SHOULD NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.

Please notify our staff if your child is diabetic. Please notify your child’s Pediatrician if your child is taking daily medications and must take with food. If your child takes Aspirin, Motrin, Advil, Aleve, Vitamin C, Vitamin E or any type of blood thinners such as Coumadin or Aspirin, please check with your Pediatrician on discontinuing these medications.

Please bring proper Identification and all insurance cards on the day of surgery. Please call the ANESTHESIA DEPARTMENT AT (646) 317-3150 to request an anesthesiologist that participates with your child’s insurance plan.

If you have questions, please feel free to contact the Surgical Scheduling Department at (212) 305-3069.

Parent/Health Care Agent/Guardian/Family Acknowledgement:

I, ________________________________, have read and understand the instructions above.

Signature: __________________ Date: ___________ Time: ________

Revised 11/20/15