



Brandon Ambulatory Surgery Center

Dear Patient:

We want to thank you for choosing our facility. This packet is designed to introduce you to our facility and our staff, and to help us gather information to help us plan the appropriate care during your visit to our center.

Instructions:

- Please read our brochures, this will answer most of your questions about our ambulatory surgery center.
- Review the "Notification To Our Patients", this form explains the following:
 - ✓ What your rights and responsibilities are as a patient
 - ✓ Explains Advanced Directives (Living Will) that should be part of your own personal healthcare plan. (If you have one please bring it with you for your medical record.)
 - ✓ Statement of disclosing if your physician is an owner in the center or not.

****This form must be dated when received.***

- Please fill out the financial agreement
- Please fill out the preadmission medical history
- Please fill out the medication form

(Just need to list medications, frequency, why you are taking it, we will do the rest)

After completed please send to the center by: *(As soon as possible)*

- Drop of at the center or--
- Fax to: 813-864-9456 or--
- Mail to: Brandon Ambulatory Surgery Center,
514 Eichenfeld Dr.
Brandon, FL 33511

By getting this to us promptly it will save time during your preop phone call or your admission process; this gives us valuable information needed to prepare for your individualize care.

Thank you again for choosing our facility, we look forward to the privilege of taking care of you!!!

Respectfully,

Brandon Ambulatory Surgery Center Staff