

Welcome to the Heron Rock Surgery Center of Lancaster. We sincerely value the privilege of tending to your healthcare needs. Our facility meets State and Federal licensing standards and is accredited by the Accreditation Association for Ambulatory Health Care, reflecting our commitment to quality and safety.

In this packet, you will find important information about your upcoming surgery.

REVIEW AND KEEP FOR YOUR RECORDS:

- ☒ Patient's Rights and Responsibilities
- ☒ Pre-Operative Instructions
- ☐ List of Medications to Avoid Before & After Surgery
- ☐ Recommended Vitamin Regimen
- ☒ Post-Operative Expectations

COMPLETE, SIGN AND RETURN TO US VIA FAX, MAIL, E-MAIL OR DROP OFF AT LEAST ONE WEEK BEFORE YOUR SCHEDULED SURGERY:

- ☐ Medical History Form
- ☒ Terms and Conditions of Financial Responsibility
- ☒ Consent of Operation
- ☐ Consent for Nitrous Oxide

PLEASE HAVE YOUR DOCTOR COMPLETE AND FAX TO (610) 687-8773 AS SOON AS POSSIBLE:

- ☐ Request to Hold Blood Thinner

COMPLETE AFTER YOUR SURGERY AND RETURN TO US AT YOUR EARLIEST CONVENIENCE:

- ☒ Patient Satisfaction Survey

If you have any questions or concerns, please contact us at (484)588-2583 or info@heronrocksurgery.com . Our skilled team is here to support you and provide the answers you need.

Thank you for choosing us. We look forward to taking care of you.

Sincerely,
The Team at Heron Rock Surgery Center of Lancaster