

BRANDYWINE SURGERY CENTER
1224 Baltimore Pike (Route 1)
Suite 100
Chadds Ford, PA 19317

Dear _____,

Please take the time to read each page of your pre-operative packet right away as your instructions for prior to surgery, the day of your surgery, and some instructions for after surgery are listed within. Please sign or initial each page as indicated below and return them in the enclosed envelope no later than _____.

Your lab orders are also included in this packet. Please take the form with you to a lab of your choice (i.e. Quest, LabCorp, etc.) and have the required lab work done within 2 months of surgery or if it is less, please get it done **ASAP**. All testing is your responsibility to have completed no less than 2 weeks prior to your surgery or you may risk the cancellation of your surgery. The results should be faxed to Brandywine Surgery Center as printed on the form.

For your convenience, a stamped return envelope is enclosed for you to mail back the forms that need to be signed and returned. This includes all highlighted areas on the papers listed below:

1. Request and Consent for Operation – print your name at the top of the paper, initial appropriate box for pregnancy (females only), sign and date the bottom of the paper, and have a witness sign and date at the bottom of the paper (please keep the additional copy for your records)
2. Pre-operative Instructions – initial 2 lines (please keep the additional copy for your records)

Please remember that your final balance is due 1 month prior to your surgery. You may bring this with you to your pre-operative appointment **IF** the pre-operative appointment is more than 1 month before your surgery date. You may also contact Libby to make the final balance payment if your pre-operative appointment is less than 1 month before surgery.

Directions to our ambulatory surgery facility are included. Please call Libby with any questions at (302) 584-8408.

Thank you,

Libby Zellman
Administrator &
Surgical Coordinator