The following information pertains to the surgery which you have discussed with your physician. Each physician’s Surgical Coordinator and operating room day(s) are listed:

Donna Bory:  Dr. Dubin:  Tuesdays at GBMC  
410-821-8805  Limited Fridays at Timonium Surgical Center  
$dbory@earnosethroatdrs.com$

Brenda Watts:  Dr. Kunar:  Tuesdays  
410-321-7389  Dr. Kaplan:  Mondays/Wednesdays  
Dr. Fletcher:  Mondays  
$bwatts@earnosethroatdrs.com$

Stephanie Perna:  Dr. Goldstone:  Thursdays  
410-823-0477  Dr. Wood:  Fridays  
$sperna@earnosethroatdrs.com$

You will need to schedule a Pre-Op physical with your primary care physician. Children’s physicals should be within 2 weeks of the surgery date. Adult physicals should be within 30 days of the surgery date. All physicals and test results need to be received by our office 2 days prior to scheduled surgery date.

Please complete and return the enclosed HEALTH SURVEY. Your surgery will not be scheduled nor will we be in contact, until we have received the attached information. You may email, fax: (410-823-2513) or mail: 6565 N Charles St. #601, Baltimore, MD 21204.
The Sherwood Surgical Center offers a virtual tour of the center. You can view this via our Web Page: [www.earnosethroatdrs.com](http://www.earnosethroatdrs.com) click on the “Services tab”, click on “is your child having surgery”.

If your case is under **local anesthesia** you do not require a Pre-Op Physical or any testing
Ear, Nose & Throat Associates  Fax:  410-823-2513  Health Survey Form

Please complete and return to our office as soon as possible to ensure your surgery is scheduled correctly.

Date: __________________________

Name: _________________________ DOB: __________ ENT Dr: ______________

Address: ______________________ Email: ________________________________

City: __________________________ State: __________ Zip: _________________

HT: __________ WT: __________  (Mandatory if over 17)

Primary Physician: ______________ Phone: ______________ Fax: ______________

Are you allergic to: Latex/rubber products no yes
allergic to: Medications no yes: ____________________________

Previous problems with anesthesia no yes: __________________________

If YES to any of the above, what is the reaction? __________________________________________________

Heart Conditions: Breathing/Pulmonary:

High Blood Pressure no yes  Asthma no yes
Chest Pain no yes COPD/Emphysema no yes
Heart Failure no yes Shortness of Breath no yes
Atrial Fibrillation no yes Sleep Apnea no yes
On Blood Thinners no yes Use CPAP (or ordered) no yes
Need antibiotics for surgery no yes Positive PPD (TB skin test) no yes
Reason: __________________________ Ever Smoked no yes

Pacemaker no yes (if yes, must be specific)

Company: __________________________ how many years total: __________

Model: __________________________ how much: __________ Quit: __________

Contact: __________________________ Other Pulmonary Condition: __________________________

Under Cardiologist Care no yes Under Pulmonologist care no yes
Dr.: __________________________ Phone: ______________ Dr.: __________________________ Phone: ______________

Fax: __________________________ Fax: __________________________

Liver/Kidney: Have you ever had:

Liver Disease no yes HIV no yes
Hepatitis no yes Cancer no yes
Alcohol/Drug Abuse no yes Chemo in last 3 months no yes
Diabetes no yes Other: __________________________

Major surgeries (please list): __________________________________________________

Current Medications:  (include vitamins, herbal and /or natural)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pre-operative guidelines for medication use

Please consult with your primary care physician to review your medication BEFORE your surgery date.

**Diabetic patients:** Your primary care physician will instruct you if insulin is required on the day of surgery.

**Cardiac patients taking anticoagulant medication:**
Patients taking Aspirin or Aspirin products, Coumadin, Plavix and/or Warfarin, should consult their physician or cardiologist regarding when it is safe to stop these medications before surgery. If your doctor says you CANNOT stop these medications, please call 410-821-5151 to leave a message for your surgeon. Ideally your surgeon prefers you to be off of these medications two weeks prior to your surgery date.

**Medication to discontinue 2 weeks before surgery:**
All non-steroidal anti-inflammatory medicines: Aspirin, Aleve, Ibuprofen, Advil, Motrin, Ecotrin, Herbal products such as Vitamin E, Gingko Biloba, Fish Oil, Garlic, Ginseng, COX-2 inhibitors (Celebrex per Dr. Dubin)

**Medication to discontinue 1 week before surgery:**
All herbal supplements and non-vitamin supplements. All diet and weight loss medicine: Phentermine.

**Medication to discontinue 36 hours before surgery:**
All erectile dysfunction medication: Viagra, Levitra, Cialis

**Medication to discontinue 24 hours before surgery:**
Metformin, Glucophage, Glucovance, Avandamet and Actos-Plus. Antacids such as Maalox, Mylanta, Tums, and Carafate need to be stopped because they contain particulate material that may damage the lungs if aspirated.

**Medications to discontinue day of surgery.**
Vitamins, Iron, Premarin. Topical medicated creams and ointments.

**Medication to Continue the day of surgery.**  **Take ONLY with a sip of water**
Antidepressants, antianxiety psychiatric medication
Anti-Seizure medication
Birth Control medication
Blood Pressure or Cardiac medication
Diuretics (fluid pills)
Eye Drops
Heartburn /Reflux medication: Zantac, Pepcid, Prilosec, Prevacid, Nexium, Aciphex, Axd, Reglan
Narcotic pain medication
Statins (Zocor, Pravachol)
Steroids oral & inhaled
Thyroid medication
PLEASE REVIEW CAREFULLY

**Surgery time is subject to change.** You will be notified if this should occur.

We require **AT LEAST 2 WEEKS** notice should you decide to **CANCEL** or **RESCHEDULE** your surgical procedure. There may be a charge for patients who do not follow this guideline.

**IF YOU NEED TO CANCEL YOUR SURGERY FOR MEDICAL REASONS CALL**

Your Surgical Coordinator or **410-821-5151 IMMEDIATELY.**

In case of a last minute emergency or inclement weather the morning of surgery; **before 7:00am** contact the General Operating Room Charge RN at: 443-849-3588. **After 7:00am** contact the Charge RN listed below for each area:

- **Sherwood Surgical Center:** 443-849-2420/443-849-8440
- **General Operating Rooms:** 443-849-2240/443-849-6838

**After 9a.m.** Please call and reschedule your surgery with your specific Surgical Coordinator.

For **after** surgery appointments or questions, call **410-821-5151**

Check with your insurance company regarding coverage and guidelines that may need to be followed. This does not apply to Medicare. **If you have an HMO, please obtain the necessary referrals.**

**PLEASE NOTE:** There are three separate providers that bill for your procedure and they are as follows:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Billing Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Surgeon:</td>
<td>Our office 410-321-4966</td>
</tr>
<tr>
<td>The Facility:</td>
<td>GBMC 443-849-4411</td>
</tr>
<tr>
<td>Anesthesia:</td>
<td>General Anesthesia Physician 410-296-4616</td>
</tr>
</tbody>
</table>
For patients 18 years and older and seniors who would like their children to help with their medical information, please complete this form.

<table>
<thead>
<tr>
<th>Patient’s Printed Name</th>
<th>DOB</th>
<th>Today’s Date</th>
</tr>
</thead>
</table>

As an adult, 18 years or older, due to HIPPA regulations, I am giving permission to the following people to discuss my surgical, medical and financial information:

1.  
   Name  
   Relationship  
   Preferred Phone Number  
   Email  

2.  
   Name  
   Relationship  
   Preferred Phone Number  
   Email  

Additional persons or comments:

Patient’s Signature  
Today’s Date  
If there is no signature, we will only speak with the patient