

# Century Ear, Nose and Throat Head and Neck Surgery

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## PRE-SURGERY INSTRUCTIONS

Name \_\_\_\_\_

Your surgery \_\_\_\_\_

is scheduled for \_\_\_\_\_

at \_\_\_\_\_.

If pre-operative testing is required it should be done one week prior to your scheduled surgery date.

### **HMO/POS/MANAGED CARE PATIENTS:**

If you require testing, it is necessary to have your testing directed by your primary care physician. We will fax clinical information and codes to your primary physician. It is **your responsibility** to make sure the referral has been issued.

### **PPO PATIENTS:**

Please notify your insurance company of the surgeon, date, and place of surgery as soon as possible. If they require clinical information, have the insurance contact our office.

If the above mentioned tests are not performed in the time specified or the necessary referrals are not obtained, **the surgery will be canceled.**

You will be receiving a call from the hospital the day before the surgery with instructions and to let you know what time to be at the hospital. For general anesthesia, nothing to eat or drink after midnight.

If you have any questions concerning the surgery, please feel free to call the office.