PREOPERATIVE CHECKLIST

1. Stop giving your child aspirin or ibuprofen (Advil, Motrin and Aleve) two weeks before surgery. **Tylenol is OK.** Continue all other medications as prescribed.

2. Please contact our surgery scheduler immediately with any change in phone numbers or insurance policies. *(727-329-5397)*

3. If you were given a prescription for pre-operative lab work, please have it drawn between 3-5 days before the day of surgery.

4. Anesthesia prefers NO vaccinations be given within 2 weeks of the surgery.

5. Please contact the nurses at Pediatric Ear, Nose & Throat Specialists if your child develops RSV, Pneumonia, Bronchitis or is exposed to Chicken Pox within 3-weeks of surgery. *(727-329-5398)*

6. The Pre-Admission nurses from the Surgical Facility will contact you by phone a day or two before surgery. They will need to speak with you to review your child’s health history for the anesthesiologists. They will also have your child’s preoperative instructions and guidelines for when to stop eating and drinking.

7. Please bring your photo ID and your child’s insurance card with you the day of surgery. A parent or legal guardian must accompany the child on the day of surgery (we must have copies of any legal paperwork ahead of time for children not accompanied by adoptive or biological parents).

8. If your child uses a nebulizer or inhaler, please give a treatment prior to leaving home the day of surgery and bring puffers.

9. If you have a prescription from your pediatrician or another specialist for labs to be drawn in surgery, please notify the surgery center 1-2 days prior to the surgery. The surgery center is not able to process all labs, and some labs will change your child’s NPO instructions.
PHOTO ID REQUIRED AT CHECK IN

AFTER HOURS INFORMATION

Our office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

If a problem occurs after our regular office hours, please call our answering service @ (727) 562-6858.

Tell the Telephone operator which doctor is currently treating your child. (It is marked below for you). This will help to serve you and your child in a more expedient manner.

Thank you.

Thomas M. Andrews, M.D. _______________________
Wade R. Cressman, M.D. _______________________
Peter W. Orobello, M.D. _______________________
Rose C. Stavinoha, M.D. _______________________
Amy A. Ashburn, ARNP _______________________
Claudia Botero, C-PA _______________________
Lacey T. Hodgson, ARNP _______________________
ENT Resident _______________________

Under your physician’s recommendation, your child may be seeing our physician’s assistant or nurse practitioner for his or her post-operative visit and follow up care.
ACCESSING OUR SURGERY VIDEOS BY INTERNET

1. Log onto www.pediatric-ent.com

2. Select “Learning Center” located in the top blue bar. It is a ‘Single Click’.

3. Select “Surgeries We Perform” located at the top of the page in RED lettering. A ‘Single Click’.

4. Go to the procedure that is being performed on your child.
   (The four (4) listed below have videos you may watch.)
   a. Ear Surgery (watch video)
   b. Sinuses: Endoscopic sinus surgery (watch video)
   c. Tonsillectomy (watch video)
   d. Tympanostomy Tubes (watch video)

5. Single click on (watch video).

6. The video will begin.

7. If you would like more information on the actual procedure being performed, single click on the name of the procedure that appears in front of (watch video).

You are also able to access the post-operative instructions for that procedure by going to ‘post-operative instructions’, located at the bottom of the page. It is in RED lettering and takes on a ‘Single Click’. Go to the surgical procedure being performed on your child. (Adenoidectomy, Endoscopic Sinus Surgery, Palatoplasty, Tonsillectomy or TympanostomyTube Placement).

We hope this information is helpful for you and your child. If you have any questions, please do not hesitate to call our nursing department @ (727) 329-5398 and we will be happy to assist you.
IMPORTANT INSURANCE INFORMATION

Prior to your child’s surgery, our Insurance Specialist will be in contact with your insurance company. Benefits will be verified and prior authorization will be obtained (if required).

If authorization is required, the authorization number will be passed over to the surgery center or hospital and will be place for your arrival by the date of surgery.

Our office is billing your insurance as a courtesy to you, therefore confirmation of benefits and/or authorization is NOT A GUARANTEE OF PAYMENT.

Your insurance policy is a contract between you and your insurance carrier. We will not become involved in disputes between you and your carrier regarding preexisting condition clauses, deductibles, co-payment, non-covered charges and “usual and customary fees”. We will supply factual information to your insurance carrier upon written request from them.

IF YOU HAVE QUESTIONS OR CONCERNS, WE WELCOME YOU TO CALL OUR INSURANCE SPECIALISTS AT:
(727) 329-5338 or (727) 329-5339.
To prepare financially for your child’s surgery we recommend that you personally contact your insurance carrier to familiarize yourself with how your benefit plan works. We want to help you understand how you will be billed for the services your child will receive.

There are **four (4) separate entities** involved in your child’s surgery and, as a result, you will receive **up to four (4)** separate bills.

Please note, although the physician’s private practice adjoins the facility - their services are separate and distinct from the surgery center. Therefore you will receive a separate bill from the physician **and** a separate bill from the facility, as explained below.

Each individual entity has separate insurance, co-payment and deductible payment/billing requirements. As a courtesy, each entity will submit their separate charge(s) to your insurance carrier.

The four (4) separate entities involved in the care of your child are:

1) **SURGEON:** This charge is for the physician who performs your child’s surgery.
   
   **Contact:** Pediatric Ear, Nose and Throat Specialists (Dr. Andrews, Dr. Cressman, Dr. Trowbridge, and Dr. Wasylik)
   
   **Phone number:** (727) 329-5400, option #4

2) **FACILITY:** This charge is from the Ambulatory Surgery Center for providing the supplies, equipment and use of the operating room. The charges also factor in the unseen expenses of running the facility - things like light bills, medical waste disposal, staffing, etc...
   
   **Contact:** Pediatric Surgery Centers:
   
   A. Brandon Surgery Center: (813) 490-6100
   B. Odessa Surgery Center: (813) 343-5690
   C. Carillon Surgery Center: (727) 561-2710

3) **ANESTHESIOLOGY:** This charge is for the anesthesiologist that carefully administers and monitors the anesthesia throughout your child’s procedure.
   
   **Contact phone number:** (727) 322-7929

4) **PATHOLOGY:** you may receive a bill from the lab that processes tissue specimen(s) removed during surgery, when applicable.
   
   **Contact phone number:** (813) 870-4000
HISTORY & PHYSICAL (SHORT FORM)

DATE OF EXAM
Must be completed no more than 30 days prior to surgery.

PATIENT’S NAME: ____________________________

WT  HT  DOB

BLOOD PRESSURE  RESP  TEMP  PULSE  □ UNCOOPERATIVE FOR VITAL SIGNS

REASON FOR VISIT: ________________________________________________________________

HOSPITALIZATIONS: □ NONE

PREVIOUS SURGERIES: □ NONE

ANESTHESIA CONCERNS/FAMILY HISTORY: □ NONE

BLEEDING DISORDERS: □ NONE

FAMILY / SOCIAL HISTORY: _________________________________________________________

PREMATURITY: □ NONE WEEKS GESTATION/SIGNIFICANT BIRTH HISTORY

RELEVANT PAST HISTORY: □ NON-CONTRIBUTORY

DEVELOPMENTAL: □ WNL □ DELAYED

ALLERGIES: □ NONE

CURRENT MEDICATIONS: □ NONE □ SEE MEDICATION RECONCILIATION SHEET

REVIEW OF SYSTEMS (ALL ABNORMAL FINDINGS NEED COMMENT)

NEG  RELEVANT HISTORY  NEG  RELEVANT HISTORY

HEAD / NECK: ________________________________________________________________

EENT: _________________________________________________________________

RESP / LUNGS: _____________________________________________

CV / HEART: _____________________________________________

GI / ABDOMINAL / RECTAL: ________________________________________

PHYSICAL EXAM (ALL ABNORMAL FINDINGS NEED COMMENT)

SIGNIFICANT PHYSICAL FINDINGS  WNL  WNL

HEAD (EENT): □ NEURO / MENTAL / PSYCH: □

NECK / CHEST / LUNGS: □ MUSCULAR / SKELETAL: □

HEART / CIRCULATORY: □ SKIN: □

ABDOMINAL / GI □ OTHER: □

EXAMINATION RELATIVE TO SURGERY/PROCEDURE: ________________________________

EXAMINING PHYSICIAN’S SIGNATURE ____________________________ DATE

BELOW TO BE COMPLETED DAY OF SURGERY ONLY!

IMPRESSION: _________________________________________________________________

PLAN: _________________________________________________________________

□ Reviewed and verified - this patient is cleared for surgery in an ambulatory setting.

□ This patient was re-evaluated and there are no changes except as documented above.

SURGEON’S SIGNATURE ____________________________ DATE

Patient Information Label