

Columbia Surgical Partners

DRS. OXLEY & VERTREES

1708 Alpine Drive
P: 931-283-6629

Columbia, TN 38401
F: 931-223-5881

Patient Name: _____ Patient DOB: _____

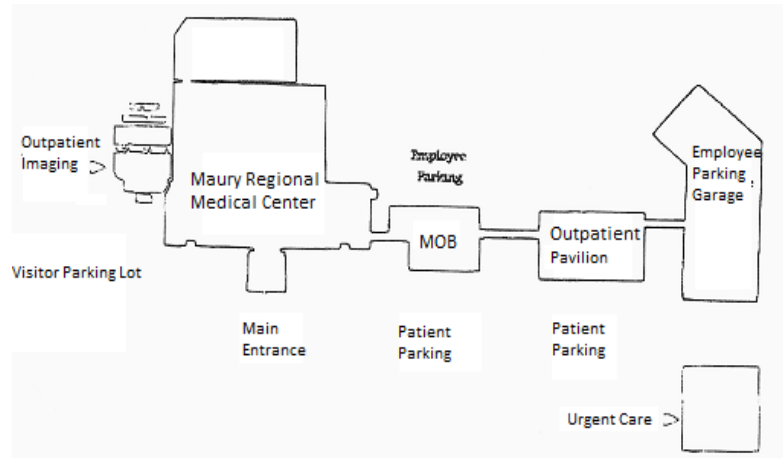
Pre-surgical Testing Date: _____ Time: _____ *******Required for ALL surgeries, if you are unable to make this appointment please call them at 931-380-4129 to reschedule. This must be done or your surgery will be canceled.*******

Surgery Date: _____ ****If your surgery is being performed in Same Day Surgery at the Main hospital, they will call you the day prior to surgery with your arrival time. If your surgery is being performed in the Outpatient Pavilion Surgery Center, our office will contact you the day prior to surgery with your arrival time.****

Outpatient Pavilion Surgery Center 3rd floor: 931-375-5100

Main Hospital Same Day Surgery 2nd floor: 931-381-1111 Ext. 1500

- Nothing to eat or drink after Midnight prior to surgery.
- No tobacco use for 24 hours prior to surgery.
- You **MUST** have a driver for your surgery.
- It is recommended that you wear comfortable, loose fitting clothing on the day of your surgery.
- If you are having a procedure that involves bowel prep, please be sure to follow those instructions on the day prior to surgery.



******For patients on a blood thinner: Please stop your _____ at least _____ days prior to surgery******

Your follow up appointment from surgery will be:

Date: _____ Time: _____