Your surgeon's office will call you with your Pre-Admission Clinic appointment and surgery dates and times.

My Pre-Admission Clinic visit:

Date:	
Time:	
Phone number:	
Location of clinic:	
My surgery day:	
Date:	
Time:	
Time I need to be at hospital:	
Where I go the day of my surgery:	
Phone Number:	
Priorie Number.	
Where I will go after my surger	ry:
Nursing unit:	Phone number:
How long I will probably stay overnigl	ht in hospital:



It is important that you come back to your surgeon's office for your follow-up visit, if needed. We want to make sure that:

- You are recovering well from your surgery
- Your incision is healing
- You are managing your pain

My first follow-up visit:

• You have the support you need to continue to get better

Date:		
Time:		
Place:		
Dhana numhari		
Phone number:		
My second follow-up visit (if needed):		
wy second follow-up visit (if needed):		
Date:		
Date: Time:		
Date:		
Date: Time:		