



OR Information

- Your child's surgery date has been scheduled for _____
- **This appointment is scheduled specifically for your child. If you cancel less than 7 days in advance without a doctor's note, neglect to complete the Pre-Surgical appointment or do not show for this surgery date we will not reschedule for another surgery date or for any future appointments at the office.**
- You will need to schedule a Pre-Surgical appointment with your child's pediatrician or family physician. The appointment must be within 14 days of the surgery date. Please call our office to let us know when your child's Pre-Surgical appointment is so that we can document it in your child's chart.
- You will need to take the Health & Physical form with you to the appointment. The physician will need to fill it out, fax a copy back to our office at the number listed on the form and give you the original signed copy. You must bring this completed form with you to the hospital the morning of surgery. Without it the scheduled treatment will not be able to be completed.
- The Cares and Scheduling Department at CNRVMC will schedule a specific date and time to call you for a pre-registration phone appointment. You may contact the Cares and Scheduling Department for the date and time of your pre-registration appointment so you can plan for it. If you need to contact the Cares and Scheduling Department for any reason their number is 540-731-2273.
- Someone from scheduling at the hospital will call you the day before surgery after 2:00 pm to let you know what time to be at CNRVMC the next morning.
- Your child is scheduled for Outpatient Surgery but you will want to be prepared to be at the hospital for at least 4 or more hours. If your child should become sick the evening or night before their scheduled OR date, please call the outpatient surgery dept at NRVMC at (540) 731-2860 & Dr. Amacher at (540) 998-2343 as soon as possible.
- If you have any questions or concerns, please feel free to call our office at (540) 394-3300.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name (Please Print): _____