~COLORECTAL SURGEON~

MBBS, FRACS

INSTRUCTION SHEET	
Admission Date	//
Hospital:	Warringal Private Hospital PHONE: 9274 1356 216 Burgundy Street Heidelberg
Warringal Hospital Information	n:
CONFIRMATION of Admission admission time the working day	on Time: Warringal Private Hospital will contact you with your prior to your admission
WARRINGAL HOSPITAL ADMISSION FORM- Send to 216 Burgundy Street Heidelberg Vic 3084 OR submit details online www.warringalprivate.com.au and click on e-admissions. This takes 10 minutes and you will receive an email confirmation	
Hospital Consulting Suites, Crreception@samelbourne.com.au	
 REFERRAL: - Please n referral. 	ote your procedure will not be performed unless we have a current
INFORMED FINANCIA payment made prior to	L CONSENT / OUT OF POCKET FEE- This form must be signed and your surgery.
3. PATIENT REGISTRATIO	N FORM- If this is included in your paperwork.
•	mmediately if you are a diabetic, taking medications, allergic to nning tablets (ie Aspirin / Warfarin) as certain medications need to be dmission.
Please stop the following medic	ations:
before your operation. If having afternoon procedure (PM) You are required to fast	t prior to surgery Nothing at all to eat, drink or smoke from midnight You should take all your current medications with you to the hospital. The prior to surgery, you may have a light breakfast before 7:00am on fiter this time you MUST FAST COMPLETELY nothing at all to eat, drink

DISCHARGE FROM HOSPITAL:

It is important <u>YOU</u> arrange for someone to drive you home at discharge from the hospital and stay with you overnight. . YOU MUST NOT drive a car or operate machinery until advised by Mr Wiley

or smoke. You should take all your current medication with you to the hospital.

 $\hfill \square$ (ADMIT DAY PRIOR) Fasting instructions to be given by nursing staff in hospital