



## MINOR SURGERY PROCEDURE

For new patient referral please advise your patients that this appointment is for consultation and possible/treatment.

Patient: \_\_\_\_\_

Appointment on: \_\_\_\_\_

Time: \_\_\_\_\_

Mackenzie Health Hospital- Main Floor patient registration

Please arrive  $\frac{1}{2}$  hour before the appointment to register.

1. Bring your Ontario Health Card
2. Please advise our office if the patient is on any blood thinners (i.e Coumadin, Plavix) If so, **PATIENT MUST CONTACT OUR OFFICE.**
3. If you are under the age of 16, a parent or guardian must accompany you at the hospital.
4. Please advise us if you are allergic to: Demerol, Atropine, Diazepam or Xylocaine.
5. If you are unable to keep an appointment, you must notify the office at least 1 week prior to your appointment. 365-418-8780
6. No fasting required.