

SCHEDULE & APPOINTMENT TIMES CHECKLIST

Please bring this folder to all of your pre-surgery/procedure appointments

This page is for you to write down all of your appointments. Please note that you may not need all of the types of appointments listed below. Please be sure to ask your doctor.

Surgery/Procedure Date: _____

Location: (check your assigned location)

- 3440 E. La Palma Ave. Anaheim, CA 92806 - Main Operating Room (OR)
- 3430 E. La Palma Ave. Anaheim, CA 92806 - SurgiCenter

A **Medical Clearance with a Primary Care Physician Appointment**

Date: _____

Time: _____

Location: _____

Health Care Provider: _____

D **Anesthesia Telephone Appointment**

Date: _____

Time: _____

Health Care Provider: _____

B **Surgery Preparation Class**

Date: _____

Time: _____

Location: _____

E **Postoperative Appointment**

Date: _____

Time: _____

Location: _____

Health Care Provider: _____

C **Preoperative Appointment**

Date: _____

Time: _____

Location: _____

Health Care Provider: _____

Canceling Your Surgery

If you need to cancel your surgery or procedure, please call the Surgery Scheduling department at (714) 572-7030.

PLANNING FOR SURGERY

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