**INSTRUCTIONS FOR PRE-OPERATIVE PACKET**

This form must be filled out before surgery. If possible please type directly into the form.

Your name DOD ID number and date of birth will automatically populate into the form.

Once completed, please save it and then DROP INTO WEBSITE DROP BOX.

Please save as Last name, DOD ID #. Example: Smith, 1111111111

**Packet Instructions**

**Pre-Procedure Packet**

Page 1 - If not filled out, please type in your name, DOD ID, and date of birth in the upper right hand corner of the page. This entry will then auto-populate this information throughout the remainder of the document. Your DOD ID is on your military ID if you do not know what it is.

**Patient registration form**

Page 3 - Fill out completely and sign

Page 4 - Only if needed for additional information

**Anesthesia Preoperative Questionnaire**

Page 5 & 6- Fill out to the best of your abilities, this will be used to confirm what is in your medical records

**Consent Form**

Page 7: No action necessary. Your Surgeon will fill out the consent form.

**Privacy act statement**

Page 8 - Please read and sign.

**Third-Party Collection Program**

Page 11 & 12 - Fill out if applicable. If you only have Tricare you can ignore this page. This helps the US government recover funds from your insurance if possible. You will not receive any bills based solely on this.

**Pre-Surgical Instructions**

Page 13 & 14 – These are for your information, please keep them. If you have questions, please call 301-295-4664, option 1/3/2, or email [brittany.f.wall.mil@mail.mil](mailto:brittany.f.wall.mil@mail.mil).

**Frequently Asked Questions**

**Do I need any labs or tests before surgery?**

Most healthy patients do not need any specific labs or tests before surgery. For females of reproductive age, you will be required to take a pregnancy test before surgery, however, this is usually performed on the day of surgery.

If your surgeon recommends preoperative testing, please follow the instructions on the packet.

If you aren’t sure if testing is needed please contact HN Wall at 301-295-4664, option 1/3/2 or email [brittany.f.wall.mil@mail.mil](mailto:brittany.f.wall.mil@mail.mil).

**Is there anything specific I need to do before surgery?**

The packet included must be filled out either in person or by email. Occasionally, you may be asked to fill out this packet a second time if your surgery is canceled or rescheduled.

Specific and detailed instructions are included in the packet. You should not eat or drink starting at midnight before the day of surgery. You MUST have a ride home with you if you going home the same day.

**What time do I come in before surgery?**

If you were not scheduled for a preoperative appointment, you will be contacted by the APU prescreen for a telephone consult within 72 hours before surgery.

You should also call the hospital where you are having surgery at least one business day before surgery to determine what time to come in.

Walter Reed National Military Medical Center - **301-295-4611**

Fort Belvoir Community Hospital - **571-231-3224**

Malcolm Grow Medical Center – **240-612-1155**

**How do I get convalescent leave?**

You need to discuss leave with your chain of command. The attached letter contains your surgeon’s recommendations. This is typically between 7-14 days, but maybe longer or shorter depending on the surgery. Remember this is a recommendation to your command.

**My surgery was canceled, what do I do now?**

Occasionally surgeries may be canceled for emergent/urgent cases or military readiness issues. Please call 301-295-4664, option 1/3/2, or email [brittany.f.wall.mil@mail.mil](mailto:brittany.f.wall.mil@mail.mil).

**Something came up! I need to cancel my surgery. What should I do?**

Please call 301-295-4664, option 1/3/2, or email [brittany.f.wall.mil@mail.mil](mailto:brittany.f.wall.mil@mail.mil). After hours please call the CDO desk at WRNMMC

HN Brittany F. Wall

Otolaryngology Department

Clinic Procedure Scheduler / Surgical Scheduler

Walter Reed National Military Medical Center

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