



411 Lantern Bend, Suite 240  
Houston, Texas 77090  
Tel (281) 444-6300 Fax (832)375-1247  
Email: [info@MFASclinic.com](mailto:info@MFASclinic.com)

**ATTENTION: SURGERY PATIENT.....**Please read this form carefully. If you have any questions regarding the paperwork or any questions about your surgery, visit our website at [www.MFASclinic.com](http://www.MFASclinic.com), email our Clinic Manager at [helen@MFASclinic.com](mailto:helen@MFASclinic.com) or medical assistant [michelle@MFASclinic.com](mailto:michelle@MFASclinic.com) or for general inquires [info@MFASclinic.com](mailto:info@MFASclinic.com)

**BEFORE SURGERY:**

- Contact your primary care physician to schedule an appointment with them for surgical clearance to include a history and physical, and to get labs done. NOTE: The appointment should be made **7-10 DAYS BEFORE** the date of your SURGERY, **but no earlier than this or you will be asked to get the labs again.**
- At that visit give your physician the last two pages in this packet which are the PRE- SURGICAL CLEARANCE H&P form and the LAB REQUEST form. Note: Ask your doctor's office to fax your lab and H&P results to our office no less than 48 hours before your surgery -- **otherwise it is your responsibility to get the forms delivered to our office**
- **Our office will contact you to confirm a surgery date** (surgery dates/times are subject to change – we will notify you immediately if this occurs).
- **Our office will call and check your insurance benefits for this surgery;** requests for this information may be done by email request.
- Read over your PRE-OPERATIVE instructions and begin to follow them three weeks before your surgery date. Note: If you happen to misplace your pre- & post-operative instruction forms they are available on our website at [www.MFASclinic.com](http://www.MFASclinic.com) .
- **YOU WILL NEED TO COME BACK TO OUR OFFICE** on \_\_\_\_\_ for a Pre-operative management (POM) Nurse-visit to sign your surgical consent, pick up your ambulatory device (crutches, walker, cane), to receive gait training, if applicable, and review your pre/post-op instructions, as well as remind you of our post-op contact information.

**SURGERY DATE/TIME & INFORMATION**

**Date of Surgery:** \_\_\_\_\_ **Surgery Time:** \_\_\_\_\_ **Time to arrive:** \_\_\_\_\_

- You must contact the hospital/surgery center to pre-register and retrieve instructions.**
- HNW.....Houston Northwest Medical Center 710 FM 1960 West, Houston, TX 77090.....(281) 444-1000**  
**CALL 281-440-2495 TO SPEAK TO A NURSE TO PRE-REGISTER.**
- TOPS.....Texas Outpatient Surgery Center 17080 Red Oak, Houston, TX 77090.....(281) 539-2900**
- Palladium for Surgery 4120 SW Freeway, Ste. 200, Houston, TX 77027.....(713) 355-8600**
- MEM RED OAK Surgery Center 17322 Red Oak, Houston, TX 77090.....(281) 895-9100**
- In-House = 411 Lantern Bend, Suite 240, Houston, TX 77090.....(281) 444-6300**

You are responsible for calling our clinic at 281-444-6300 or the after clinic hours number of 281-444-8331, and the surgery center if you are canceling, rescheduling, or if you are running late.  
  
\*\*You will be charged a fee of **\$150.00** if you cancel or change the date of this surgery **one week** or earlier prior to procedure.

**AFTER SURGERY**

- a) Review and follow your POST-OPERATIVE INSTRUCTIONS, as well as following the instructions given to you by the surgery center.
- b) **If you need to reach our office before, during, or after clinic hours for an URGENT MATTER** please contact our answering service at 281.444.8331; if it is an emergency then immediately call 9-1-1 or go to the nearest emergency room.

**Post-Operative Visit Appointment Schedule:**

72 hours, 2 weeks, 4 weeks, 8 weeks, and 12 weeks. Please submit dates and times to [info@MFASclinic.com](mailto:info@MFASclinic.com)