



Eve Surgical Center

Date: ____/____/____

PLEASE PRINT NEATLY

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY STATE ZIP CODE

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMPLOYER NAME: _____ WORK PHONE: (____) _____

OCCUPATION: _____

SPOUSE/PARTNER'S NAME: _____ WK/ CELL # :(____) _____

ESCORT'S (Driver) NAME: _____ CELL PHONE# (____) _____

Dear Patient,

Our goal is to provide every patient with the highest quality of care possible. In our efforts to do so, we request that you fill out the attached forms and return them to the front office counselors.

Please have your escort co-sign your forms as a witness. Inform a counselor if you have to urinate, as we will need to obtain a urine sample. _____
Initial

If you are having surgery today, you may **not** eat or drink anything this includes: gum, candy, water, smoking, etc. _____
Initial

If you or your escort needs to use the phone please refrain from using your cell phone inside the building. _____
Initial

If you are using insurance, please give a counselor your insurance card and driver's license or valid identification. _____
Initial

Please be aware that you may be at our office for 3-5 hours. We apologize in advance for any in convenience this may cause you. _____
Initial

Please remember that we accept cash, credit card as payment. We do not accept personal or business checks- no exceptions. _____
Initial

If you have any questions please do not hesitate to ask.

Thank you,

Eve Surgical Center Staff