

Patient Name: _____

You are scheduled for (surgery/procedure): _____

On (date): _____ at: Wilton Surgery Center, 195 Danbury Road, Wilton, CT 06897

- You are required to have a preoperative medical clearance performed by your primary care provider no sooner than 30 days prior to your surgery/procedure: _____
- You are required to have a preoperative COVID-19 test performed within _____ hours of your scheduled surgery. Based on your scheduled surgery/procedure date, your COVID-19 test should be completed on (date): _____. For your safety and the safety of others at our facility you are expected to self-isolate following your test.

Important Next Steps

- Schedule your pre-operative COVID-19 test, as indicated above. Your surgery/procedure will be rescheduled if the Center does not receive your negative test result prior to your arrival.
- Schedule your preoperative clearance appointment as indicated above. Please note: if you are 70 years old or have a history of heart problems, an EKG must be performed.
- From now until the date of your preoperative COVID-19 test, follow social distancing guidelines, minimize interactions, wash/sanitize your hands frequently and wear a face mask or cloth covering in public places. **AFTER your preoperative COVID-19 test, you are expected to self-isolate. Monitor your health closely and call us if you experience any changes.**
- Arrange for a driver on your scheduled surgery/procedure day. Patient arrival times are not finalized until 48 hours prior to your date-of-service and are subject to change, so please arrange for a driver with flexibility.
- Complete your online patient registration as soon as possible by visiting our website: www.wiltonsurgerycenter.com and click on **Patient Registration**. This process will take approximately 20 minutes. Have your insurance information and a list of your home medications available when you complete it.
- You will receive a text from **Wilton Surgery Center**. Texting is a great way to receive communication about your appointment. If you would prefer NOT to use our texting service, you will be given the option to opt out.
- If you do not text, or are unable to register online, please call us at your convenience. We will assist you with your registration and review important preoperative information.
- As part of our commitment to your safety, all payment transactions for patient financial responsibilities must be completed prior to your surgery/procedure date. You will receive a phone call from our Business Office to process your payment if monies are owed. If you have questions regarding your financial responsibility please call us at (203) 563-9470 ext. 133 or ext. 134.