

90210 Surgical Associates

465 North Roxbury Drive, Suite 1020

Beverly Hills, CA 90210

Tel: (310) 274-2763

Patient Information

Patient Name: _____ Patient Phone Number: _____

May we leave a message on a machine? Yes _____ No _____

May we speak to a family member? Yes _____ No _____

Name of person taking you home today: _____

Phone number of person taking you home today: _____

Patient Signature _____ Date: _____

Patient Telephone Follow Up

Procedure: _____ DOS: _____

Pain Scale: _____ (1-10)

Unusual or excessive bleeding? Yes _____ No _____

Comments: _____

Pain relief with medication and taken regularly? Yes _____ No _____

Comments: _____

Nausea or vomiting? Yes _____ No _____

Comments: _____

Drinking plenty of fluids? Yes _____ No _____

Comments: _____

Tolerating Dietary Intake? Yes _____ No _____

Comments: _____

Sorethroat? Yes _____ No _____

Comments: _____

Drainage manageable? Yes _____ No _____

Comments: _____

Redness or swelling to IV site? Yes _____ No _____

Comments: _____

Questions or concerns? _____

Spoke with patient _____ Spoke with Family Member _____ Left message on machine _____

Nurse Signature: _____ Date: _____