

# WAYNE SURGICAL CENTER, LLC PATIENT INFORMATION

TODAY'S DATE: \_\_\_\_\_ SURGERY DATE: \_\_\_\_\_ AMOUNT OF TIME NEEDED: \_\_\_\_\_

SURGEON: DR. KITROSSER ASA: 1 2 3 4 NEEDS FLURO : YES \_\_\_\_\_ NO \_\_\_\_\_

ANES TYPE: \_\_\_\_\_ GENERAL \_\_\_\_\_ IV SEDATION \_\_\_\_\_ LOCAL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ SEX MALE/FEMALE D.O.B.: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

## PRIMARY INSURANCE

INSURED'S NAME \_\_\_\_\_

SS# \_\_\_\_\_

HOME PHONE \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

GROUP # \_\_\_\_\_

CALLED INS. YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

SPOKE WITH \_\_\_\_\_

NEEDS AUTH; YES \_\_\_\_\_ NO \_\_\_\_\_

AUTHORIZATION# \_\_\_\_\_

DED: \_\_\_\_\_ COPAY: \_\_\_\_\_

## SECONDARY INSURANCE

INSURED'S NAME \_\_\_\_\_

SS# \_\_\_\_\_

HOME PHONE \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

GROUP# \_\_\_\_\_

CALLED INS. YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

SPOKE WITH \_\_\_\_\_

NEEDS AUTH; YES \_\_\_\_\_ NO \_\_\_\_\_

AUTHORIZATION# \_\_\_\_\_

DED: \_\_\_\_\_ COPAY: \_\_\_\_\_

PLEASE SEND COPY OF INSURANCE CARDS FRONT & BACK-INDICATE L/R OR BILATERAL

CPT CODE: \_\_\_\_\_ CPT CODE: \_\_\_\_\_ CPT CODE: \_\_\_\_\_ CPT CODE: \_\_\_\_\_

DIAG. CODE: \_\_\_\_\_ DIAG. CODE: \_\_\_\_\_ DIAG. CODE: \_\_\_\_\_ DIAG. CODE: \_\_\_\_\_

**Marc S. Kitrosser, D.P.M., P.A**  
Podiatric Medicine, Surgery, and Sports Medicine

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Woodland Park, New Jersey 07424  
Phone: 973-256-0002

Marc S. Kitrosser, DPM.,F.A.C.F.A.S

Certified Wound Care Specialist  
Diplomate, American Board of Podiatric Surgery  
Diplomate, American Board of Podiatric Orthopedics

**SURGERY CENTER OWNERSHIP DISCLOSURE FORM**

Dr. Kitrosser takes pride in offering his patients the highest level of professional care. In keeping with that philosophy, he performs many of his surgical procedures at Wayne Surgical Center.

At the center, Dr. Kitrosser has specialized equipment as well as operating room nurses that are specially trained and have years of experience assisting Dr. Kitrosser in corrective foot surgery. This combination goes a long way in making your experience a pleasant one.

This is to inform that Dr. Kitrosser, along with many other area surgeons, has a minority ownership in Wayne Surgical Center, LLC.

Please acknowledge receipt of this disclosure by signing and dating this form.

SIGNATURE:

DATE:

PRINTED NAME:



DR. KITROSSER SURGERY INSTRUCTIONS

WAYNE SURGICAL CENTER  
1176 HAMBURG TURNPIKE  
WAYNE, NJ 07470

ELITE SURGICAL CENTER  
307 HAMBURG TURNPIKE  
WAYNE, NJ 07470

DEAR PATIENT:

OPERATING ROOM CASES ONLY

Dr. Kitrosser has provided you with information regarding your upcoming surgical procedure. If you are having an Operating Room surgery, you have been advised of the following:

- Dr Kitrosser has given you a prescription for the medical clearance, which requires you to see your Primary Doctor. Dr Kitrosser will contact your Primary Doctor to advise of the upcoming procedure, BUT it still requires you to make your own appointment
- Your prescription also includes blood work, possible EKG, and possible chest xray. This office does not schedule any of these.
- Please contact the surgery center the day before to confirm your procedure time. 973-709-1900 ext. 11 between 1:00-2:00 pm
- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE YOUR SURGERY. IF YOU HAVE FOOD /FLUIDS, YOUR PROCEDURE MUST BE CANCELLED.
- IF you take medication for high blood pressure only , you may take that with a small sip of water.
- DO NOT take diabetes medication unless you are instructed differently by your physician. Notify your physician if you are on any blood thinning medications.
- Since you are having anesthesia you will not be allowed to drive after your surgery is finished. Please be certain that you make arrangements to have a responsible adult pick you up and someone to be home with you for the first 24 hours.

MINOR ROOM CASES ONLY

- You may eat or drink the morning of your procedure. You may also take any medications according to your daily routine.
- You may drive yourself to the procedure and also on your trip home.

IF YOU REQUIRE LABS/EKG TESTING, YOU MAY GO TO:

IDEAL LABS 973-720-5733  
MONDAY-FRIDAY 7:00AM-3:00PM NO APPOINTMENT IS NECESSARY  
307 HAMBURG TURNPIKE 1<sup>ST</sup> FLOOR  
WAYNE, NJ  
BRING YOUR INSURANCE CARD AND PRESCRIPTION WITH YOU

FOR ALL PROCEDURE TYPES: ON THE DAY OF YOUR SCHEDULED PROCEDURE;

- DO NOT BRING VALUABLES/JEWELRY
- BRING YOUR INSURANCE CARDS AND A VALID I.D.
- DO NOT WEAR MAKEUP, PERFUME OR COLOGNE.
- **BRING A CURRENT LIST OF ALL MEDICATIONS. THIS INCLUDES PRESCRIPTION MEDICATION, OVER THE COUNTER MEDICATIONS, VITAMINS, HERBS, DIETARY SUPPLEMENTS AND HOMEOPATHIC REMEDIES. DO NOT FORGET THIS LIST**
- **NOTIFY YOUR PHYSICIAN IMMEDIATELY IF THERE IS A SUDDEN CHANGE IN YOUR MEDICAL CONDITION OR IF YOU DEVELOP A COLD, SORE THROAT, COUGH, FEVER OR ANY OTHER ILLNESS PRIOR TO THE PROCEDURE.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_