



Acknowledgement Receipt of Preop Information/Compliance Agreement

PLEASE DO NOT SIGN THIS FORM if you do not understand what has been reviewed with you regarding your surgery and pre-operative instructions.

I, _____, have received a copy of the general surgical paperwork, as well as specific information related to my surgery. My signature below signifies that I will read the information and that it has been explained to me by Dr. Bailie's staff, and all of my questions were answered.

I will call Dr. Bailie's Medical Assistant, Samantha, at 480-264-6968 or email at samantha@azisks.com if I do not understand any of the information presented to me.

I also agree to read and follow all pre-op and post-op instructions to the best of my ability.

I understand that if medical clearance is required for my surgery that it is my responsibility to make sure this is completed. Blood tests must be done NO MORE than 30 days prior to surgery or they will have to be repeated. I also understand it is my responsibility to follow up with Dr. Bailie's office to make sure the clearance and all test results have been received no less than TWO WEEKS prior to surgery. ***If this information is not in place in the time specified, my surgery may be rescheduled and I may incur a \$250 cancellation fee.***

Patient Name (printed)

Patient Signature

Date