



SURGERY INFORMATION (PAGE 1 OF 2)

Your surgery process has begun!

Pre-Admission Testing:	Date:	Time:	Location:
Pre-Operative:	Date:	Time:	Location:
Surgery:	Date:	Time:	Location:
Surgery Follow-up:	Date:	Time:	Location:

Your surgical procedure will be performed by:

- Dr. Christopher Taleghani, MD
- Dr. Sanat Dixit, MD
- Dr. Sean Kaminsky, MD

SURGERY LOCATIONS

- | | |
|---|---|
| <input type="checkbox"/> Summit Medical Center
5655 Frist Boulevard
Hermitage, TN 37076
Phone: (615) 316-3000 | <input type="checkbox"/> Summit Surgery Center
3901 Central Pike, Suite 152
Hermitage, TN 37076
Phone: (615) 391-7200 |
| <input type="checkbox"/> Southern Hills Medical Center
391 Wallace Road
Nashville, TN 37211
Phone: (615) 781-4000 | <input type="checkbox"/> Stonecrest Medical Center
200 Stonecrest Boulevard
Smyrna, TN 37167
Phone: (615) 768-2000 |
| <input type="checkbox"/> St. Thomas West Hospital
4230 Harding Pike
Nashville, TN 37205
Phone: (615) 222-2111 | <input type="checkbox"/> Centennial Surgery Center
345 23 rd Avenue North, Suite 201
Nashville, TN 37203
Phone: (615) 327-1123 |
| <input type="checkbox"/> The Howell Allen
Center for Spinal Surgery
2011 Murphy Avenue, Fifth Floor
Nashville, TN 37203
Phone: (615) 327-9543 | <input type="checkbox"/> St. Thomas Midtown Hospital
(Baptist Medical Center):
2000 Church Street
Nashville, TN 37236
Phone: (615) 284-5555 |
| <input type="checkbox"/> Greenview Regional Hospital
1801 Ashley Circle
Bowling Green, KY 42104
Phone: (270) 793-1000 | <input type="checkbox"/> Other: |

If you have any further questions regarding your surgery please contact our Surgery Schedulers
Dr. Taleghani and Dr. Dixit's Surgery Scheduler **Jessica Steverson** • Phone: 615-885-2778, Ext: 3719
Dr. Kaminsky's Surgery Scheduler **Amy Crawford** • Phone: 615-885-2778, Ext: 3721



SURGERY INFORMATION (PAGE 2 OF 2)

INSURANCE AUTHORIZATION:

First, we will obtain prior authorization from your insurance company. This could take some time depending upon the type of insurance you have. Once authorization is obtained, we will contact the hospital to check for availability. You will then receive a phone call to notify you that your surgery has been approved and to coordinate an appointment date. ***Please note that your surgery appointment is subject to change at any time. You will receive a phone call the day before your surgery to verify your surgery appointment.**

PRE-ADMISSION TESTING:

You are required to do pre-admission testing before your surgery. This may include: blood work, EKG, chest x-ray, and a meeting with the anesthesiologist. This will need to be done at the same hospital where you are scheduled to have your surgery. ***Some people may be required to get surgery clearance from their Primary Care Physician, Cardiologist, Pulmonologist, etc.**

PRE-OPERATIVE APPOINTMENT:

You will be scheduled for a pre-operative visit at the hospital where you will have your surgery.

Please bring the following items to your pre-operative visit:

- A list of your current medications (including dosages)
- A photo ID
- Your current insurance card(s) or claim numbers and adjusters name, if applicable
- A list of previous hospitalizations and surgeries
- A list of any known allergies or sensitivities

BEFORE YOUR SURGERY:

- Do not eat or drink anything after midnight the night before your surgery date.
- Do not take any medications the day of your surgery.
- You may require a brace, depending on your surgery. You will need to be fitted for your brace prior to your surgery. You will take the brace to the hospital with you the day of your surgery.
- Fill the medications prescribed by your physician (some physician may not write prescriptions until after your surgery)
- **STOP ALL BLOOD THINNERS AND MEDICATIONS CONTAINING ASPIRIN OR ANTI-INFLAMMATORIES AT LEAST 7-10 DAYS BEFORE YOUR SCHEDULED SURGERY (SEE LIST BELOW).** Not stopping these medications will cancel your surgery appointment, and your surgery will be moved to the next available date. **If you have questions regarding if you are allowed to take a certain medication, please call our office to ask prior to your procedure!**

- | | | | |
|-------------------|----------------------|----------------|-------------|
| • Aspirin | • Celebrex | • Diclofenac | • Relafen |
| • Advil | • Bextra | • Arthrotec | • Anaprox |
| • Aleve | • Vioxx | • Voltaren | • Oxaprozin |
| • Ibuprofen | • Mobic | • Etodolac | • Daypro |
| • Motrin | • Coumadin | • Lodine | • Feldene |
| • Naproxen | • Plavix | • Indocin | • Piroxicam |
| • Naprosyn | • Herbal | • Indomethacin | • Sulindac |
| • Naproxen Sodium | • Herbal Supplements | • Ketoprofen | • Tolectin |
| • BC Powder | | • Nabumetone | • Talwin |
| • Goody Powder | | • Salsalate | • Meloxicam |

AFTER YOUR SURGERY:

- The hospital will provide you with a set of discharge instructions.
- You will be scheduled for a follow-up appointment.
- Depending on your surgery, you may be required to have an x-ray.

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