



# The ENT Center of Central Georgia

The Surgery Center • Georgia Hearing Institute • The Allergy Clinic

540 Hemlock Street  
Macon, Georgia 31201  
(478) 743-8953

6084 Lakeview Road  
Building B  
Warner Robins, Georgia 31088  
(478) 333-2235

## Physicians

Matthew L. Jerles, MD  
John W. Griffin, MD  
Alex J. Correa, MD  
J. Robert Newman, MD  
Sean M. Dawson, MD  
A. Michelle Tanner, MD  
Thomas W. Holmes, MD

## Physicians Emeritus

Claude L. Pennington, MD  
Warren L. Griffin, MD  
C. Warren Dunn, MD  
Keith D. Holmes, MD

## Administrator

Camille B. White, CPM

[www.theentcenter.com](http://www.theentcenter.com)  
[www.georgiahearing.com](http://www.georgiahearing.com)

We would like to welcome you to and thank you for choosing the Central Georgia Head & Neck Surgery Center for your surgical center. We offer our patients safe, professional ENT surgical treatment by board certified otolaryngologists. Our state-of-the-art facility offers a patient-friendly atmosphere with the added benefits of convenience and cost effectiveness.

Our surgeons work alongside a dedicated staff of professionals who are experienced in delivering quality healthcare to patients of all ages.

We are supported by The ENT Center of Central Georgia's business office and surgery scheduling staff that is readily available to assist you in all aspects of third-party insurance reimbursement.

Please take a moment to look over the enclosed important information. If you have any questions or concerns, please feel free to call our office at any time during our normal business hours, Monday-Friday 8:00 am to 5:00 pm.

We look forward to seeing you,

Sincerely,

Central Georgia Head & Neck Surgery Center



# Central GA Head & Neck Surgery Center

The ENT Center of Central GA \* The Allergy Center

Georgia Hearing Institute

540 Hemlock St Macon, GA 31201 478-743-8953

## INSTRUCTIONS & IMPORTANT INFORMATION FOR YOUR OUTPATIENT SURGICAL PROCEDURE

**FAILURE TO FOLLOW THESE GUIDELINES WILL RESULT IN SURGERY BEING RESCHEDULED OR POSTPONED**

**NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**  
**This includes all types of food, water, candy, chewing gum and ice chips.**

- Wear loose, comfortable clothing. Shorts and sports bras may be brought in separately in a bag to the surgery center to be worn under the gown, but they must not have any metal in them.
- There must be a relative, spouse, or significant other present at the Surgery Center for the duration of the patient's stay. **Minor children must be accompanied by a PARENT or LEGAL GUARDIAN who remains on site at all times.** Due to limited space, only **TWO** family members will be allowed in the Recovery Room with a minor patient. Adult patients can have **ONE** other adult with them. All others will be asked to wait in the waiting room. We do not swap in and out with visitors. Other children are not permitted in the Surgery Center.
- Arrange to have someone available to drive you home and help with your care for the first 24 hours. You will not be able to drive, work, or operate hazardous equipment for the remainder of the day.
- **Pain medications & narcotics are only refilled Mon-Fri between 8AM and 4:30PM.**

**The Surgery Center will call you on the business day before your surgery to inform you of your arrival time for surgery.**

### **ALL PATIENTS**

- Silence all cell phones while in surgery center
- Do not bring jewelry or valuables.
- Remove all body piercings.
- Bring contact case & solution-they will be removed prior to surgery
- Bring glasses case
- Do not wear nail polish, lipstick, lotions or make-up, especially eye make-up.
- Bring your inhaler if one is used for asthma.

### **PEDIATRIC PATIENTS—PLEASE BRING:**

- Favorite "security blanket", toy or pacifier
- Sippy cup or bottle
- Change of clothes in case child experiences post op nausea and vomiting
- Change of underwear or diapers

***We look forward to seeing you!***

**Other notifications:** From time to time, there will be observers (medical students, residents, etc.) with the physician unless you request otherwise. Services provided by anesthesiologists and pathologists are billed separately by these providers.



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## PATIENT RIGHTS

1. The privacy of all patients shall be respected at all times. Patients shall be treated with respect, consideration, and dignity.
2. Patients shall receive assistance in a prompt, courteous, and responsible manner.
3. Patient medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval.
4. Patients have the right to know the identity and status of individuals providing services to them.
5. Patients, or a legal authorized representative, have the right to thorough, current and understandable information regarding their diagnosis, treatment options and prognosis, if known, and follow-up care.
6. Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their provider.
7. Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.
8. Patients have the right to express complaints about care they have received and to submit their grievance to the Surgery Center Administrator who will complete and an "Incident Report" and bring the issue to the attention of the Medical Director in a timely manner so the grievance may be addressed.
9. Patients have the right to be provided with information regarding emergency and after-hours care.
10. Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.
11. Patients have the right to a safe and pleasant environment during their stay.
12. Patients have the right to have visitors at the Surgery Center as long as visitation does not encumber Surgery Center operations and the rights of other patients are not infringed.
13. Patients have the right to an interpreter if required. Patients have the right to be provided informed consent forms as required by the laws of the state of Georgia.

## PATIENT RESPONSIBILITIES

1. Patients are expected to provide complete and accurate medical histories including providing information on all current medication, keep all scheduled pre- and post- procedure appointments and comply with treatment plans to help ensure appropriate care.
2. Patients are responsible for reviewing and understanding the information provided by their physician or nurse. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.
3. Patients are responsible for providing insurance information at the time of their visit and to notify the receptionist of any changed in information regarding their insurance or medical information.
4. Patients will be provided, upon request, all available information regarding services available at the Surgery Center, as well as information about estimated fees and options for payment.
5. Patients are responsible for paying all charges for co-payment, co-insurance, and deductibles on non-covered services at the time of the visit unless other arrangements have been made in advance with the Surgery Center Administrator.
6. Patients are responsible for treating Surgery Center Physicians and Staff in a courteous and respectful manner.
7. Patients are responsible for asking questions about their medical care and to seek clarification from their physician of the services to be provided until they fully understand the care they are to receive.
8. Patients are responsible for following the advice of their provider and to consider the alternatives and/or likely consequences if they refuse to comply.
9. Patients are responsible for expressing their opinion, concerns or complaints in a constructive manner to the appropriate personnel at the Surgery Center.



## CENTRAL GA HEAD & NECK SURGERY CENTER

### Medications to Hold Prior to Surgery

All weight loss and diet Medications: (Including but not limited to)

- Phentermine (Hold for 2 weeks prior to surgery)
- Any GLP-1 Injection (If daily hold day before and day of surgery, If weekly hold 1 week prior to surgery)

GLP-1 RA Medications commonly used:

- Dulaglutide (**Trulicity**) – weekly
- Extended release (**Bydureon**) – weekly
- Exenatide (**Byetta**) – twice daily
- Semaglutide (**Ozempic, Wegovy**) – weekly
- Liraglutide (**Victoza, Saxenda**) – daily
- Lixisenatide (**Adlyxin, Soliqua with insulin**) – daily
- Tirzepatide (**Mounjaro**) – weekly
- Semaglutide (**Rybelsus**) – daily

All NSAID's or Aspirin containing products should be discussed with your surgeon and primary care physician to see how long you should be off prior to surgery. (Including but not Limited to):

- Aspirin
- Excedrin Migraine
- Goody Powder
- BC Powder
- Ibuprofen
- Naproxen

***Please hold the evening and morning dose of these medications prior to surgery:***  
***Please consult your physician about all medications prior to surgery.***

***ACE Inhibitors:*** (Blood pressure medications): (Including but not limited to)

- Lisinopril (Prinivil, Zestril), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Ramipril (Altace)

***Diabetic Medications:*** (Including but not limited to) *Please discuss with your primary physician.*

- Metformin (Hold evening dose and morning dose)
- Any long-acting injections (Levemir, Lantus, etc.)

***Diuretics:*** (Water Pill): (Including but not limited to)

- Hydrochlorothiazide
- Lasix

# **The ENT Center of Central GA**

## **PRE-OPERATIVE CLEARANCE REQUIRED**

**478-743-8953**

### **Providers Conducting Pre-Operative Clearance Exams**

**1. Please complete the attached Pre-Op Surgical Exam Form in its entirety.**

- ALL the blanks, including vital signs and weight, **MUST** be completed, and signed by an MD.
- Included for your information is a chart indicating all required pre-operative tests based on age, health status, and current medication usage. Please note that failure to order all tests needed may result in surgical delay.

**2. Please submit a copy of your office visit note that contains current patient medical history.**

**Please FAX the completed clearance, any tests/labwork and office note to 478-743-1963. Most of our patients will not return to our office for a separate pre-operative visit, so this is a huge help to us and the patient.**

*If you should have any questions regarding this information, please call our office at 478-743-8953 and ask for the Pre-Op or Surgery Coordinator or the patient's surgeon's assistant.*

We thank you in advance for your cooperation in the mutual care of this patient.

### **Patient/Guardian Important Information**

**Contact your child's Pediatrician or your Primary Care Physician ASAP to schedule a pre-operative clearance appointment.**

**The clearance must be filled out and received in our office according to the following:**

**Adults (18yrs and older): within 30 days of the date of surgery**  
*Must be received by ENT at least 7 days prior to surgery.*

**Children (17yrs and younger): within 7 days of the date of surgery**  
*Must be received by ENT at least 2-3 days prior to surgery.*

Please ask the primary care physician's office to fax the clearance and related documents to our office at 478-743-1963. If they can't do that, you must ensure that we get them back timely. Ultimately, getting the appropriate clearance is YOUR responsibility.

**Failure to have this form and required documents filled out and returned to our office within the appropriate time frame may result in your surgery being cancelled or rescheduled.**



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## PRE OP SURGICAL EXAM

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

Chart Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Surgery Location: \_\_\_\_\_

**DEAR PEDIATRICIAN/FAMILY PRACTITIONER/INTERNIST:**

The above patient is scheduled to undergo the following surgery: \_\_\_\_\_

\_\_\_\_\_. His/Her diagnosis is \_\_\_\_\_.

In an effort to provide continuity of care to our mutual patient during the peri-operative period, we have asked him/her to schedule a pre-operative visit with you to ascertain ability to undergo general anesthesia and surgery.

Please complete this form in full and return it to our office along with your current office note FAX 478-743-1963. If you have ordered a recent EKG, lab or x-rays, please submit a copy of that as well. You should retain a copy of this for your records.

**ALLERGIES** \_\_\_\_\_

**HEART** \_\_\_\_\_

**LUNGS** \_\_\_\_\_

**ABDOMEN** \_\_\_\_\_

**EXTREMITIES** \_\_\_\_\_

**NEURO** \_\_\_\_\_

**VITAL SIGNS** BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ WT \_\_\_\_\_ Height \_\_\_\_\_

**BLEEDING TENDENCIES** \_\_\_\_\_

**PERSONAL/FAMILY HISTORY of ANESTHESIA PROBLEMS** \_\_\_\_\_

**IMMUNIZATIONS UP-TO-DATE?** \_\_\_\_\_

**CURRENT MEDICATIONS** \_\_\_\_\_

**FEMALES OF CHILD BEARING AGE--PREGNANCY TEST PERFORMED?** \_\_\_\_\_ POS \_\_\_\_\_ NEG \_\_\_\_\_ Not obtained

**OTHER PERTINENT HISTORY** \_\_\_\_\_

**COMMENTS/CONCERNS** \_\_\_\_\_

**PATIENT CLEARED FOR SURGERY? YES or NO Please circle one**

***\*If specialty clearance is required, please forward this form as the request to the appropriate specialist***

**SIGNATURE OF MD** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME OF MD** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**Please FAX this completed form, most recent office note & any related tests/labs to 478-743-1963.**

# CENTRAL GEORGIA HEAD & NECK SURGERY CENTER PREOPERATIVE TESTING GUIDELINES

**\*\*These guidelines are for stable patients whose surgery can be performed in an outpatient setting\*\***

	Hgb		WBC	PT / PTT	BleedingTime	ChemComp	ECG	Pregnancy Test
	Male	Female						
Neonates	X	X						
Physiologic age ≥ 50 Years	X	X				X	X	
Cardiovascular disease or Hypertension						X	X	
Pulmonary Disease							X	
Malignancy	X	X	■	■			X	
Radiation therapy			X				X	
Hepatic disease				X		X		
Exposure to hepatitis						X		
Renal disease	X	X				X		
Bleeding disorder				X	X			
Diabetes (Adults Only)						X	X	
Females of child bearing age if unable to obtain reliable clinical history								
Use of: Diuretics						X		X
Digoxin						X		
Steroids						X		
Anticoagulants	X	X		X				
Coumadin	X	X		PT				
Heparin	X	X		PTT				
Central nervous system disease			X			X	X	
X OBTAIN TEST								
■ OBTAIN TEST FOR LEUKEMIAS ONLY								
			HEART & LUNG CLEARANCE - 30 DAYS (ADULTS)			7 DAYS (CHILDREN)		
			EKG - 6 MONTHS			LABS - 30 DAYS		
Anesthesia Approved								

\*\*NOT ALL DISEASES & PERTINENT CONDITIONS ARE INCLUDED IN THIS TABLE. THEREFORE, M.D. SHOULD USE JUDGEMENT REGARDING PATIENTS HAVING DISEASES & CONDITIONS NOT LISTED\*\*