



Valley Pain Center
 Masons Mill Park II
 1800 Byberry Road, Suite 1101
 Huntingdon Valley, PA 19006
 phone: 215-947-7992 | fax: 215-947-7969
 www.ValleyPainCenter.com

Medication Restrictions

If you take anticoagulants; or "blood thinners", please speak with your physician before stopping these medications.

Anticoagulants:

Aggrenox – 5 days	Effient – 7 days	Plavix – 5 days	Persantine – 2 days	Ticlid – 14 days
Aspirin 325mg – 7 days	Lovenox – 48 hours	Pletal – 3 days	Preservision – 7days	Trental – 7 days
Coumadin – 5 days	Pentoxifylline - 7 days			

STOP ALL ASPIRIN CONTAINING Medications FIVE(5) DAYS before your procedure.

*****If you take ASPIRIN for your heart or circulation; DO NOT STOP without checking with your family/heart physician.**

Aspirin Containing Medications:

Alka-Seltzer Cold	Bayer	Empirin Tablets	Momentum	Robaxisal Tablets
Anacin Tablets	Bayer Aspirin & Cold	Empirin with Codeine	Norgesic Forte P-A-C	Salsalates
Anacin Max Strength	Bufferin w/ Codeine	Enteric Coated Aspirin	Norgesic Tablets	Soma Compound
Argesic	Bufferin Tablets	Equagesic	Pepto-Bismal Tabs	St Joseph Aspirin & Cold
Arthritis Pain Formula	Darvon Compound 65	Excedrin	Pepto-Bismal Suspension	Stanback Tablets & Powder
Ascripton	Darvon N w/ Aspirin	Fiorinal	Percodan	Supac
Ascriptin Arthritic Dose	Disalcid Capsules	Fiorinal w/ Codeine	Percodan Demi Tablets	Trigesic
Ascriptin w/ Codeine	Doan's Pills	Lortab Aspirin	Quiet World Tablets	Wygesic
Aspergum	Easprin Tablets	Magan Tablets	Remicade	
ASPIRIN 81 mg	Ecotrin			

STOP ALL Non-Aspirin, Non Steroidal Pain Relievers THREE(3) DAYS before your procedure.

Non-Aspirin Containing Medications:

ADVIL	Combunox	Indomethacin	Nalfon (Fenoprofen)	Sulindac
ALEVE	Daypro	Keloprofen	Naprosyn	Suprol (Suprofen)
Anaprox	Diclofenac	Ketoralac	Naproxen	Talwin Compound Tabs
Ancid	Dolobid (Difluoisal)	Lodine	Naproxen Sodium	Tolectin (Tolmelin)
Arthrotec	Etodolac	Midol Extended Relief	Nuprin (Ibuprofen)	Toradol (Ketorolac)
Butezolidine	Feldene (Piroxicam)	Mobic	Phenylbutazone	Trilisate
Cataflam	IBUPROFEN	MOTRIN	Plaquenil	Vicoprofen
Clinoril(Sulindae)	Indocin Caps/Suppositories	Nabutone	Relafen (Nabutone)	Voltaren

Stop VITAMINS & HERBAL SUPPLEMENTS SEVEN(7) DAYS before your procedure.

(Examples; Ginko-Bilbo, Garlic, St John's Wart, Vitamin E, Multi Vitamins, One A Day, Centrum, Ginseng, Fish Oil)

Alcoholic Beverages should be stopped TWO(2) Days prior to your procedure.

There are NO RESTRICTIONS on the following pain medications:

Acetaminophen (Tylenol) containing products: (Tylenol, Darvocet, etc.), as well as;

Avinza	Excedrin-Aspirin Free	Lortab	Pamelor	Ultracet
Baclofen	Fioricet	Maxalt	Panadol	Ultram
Bextra	Flexoril	Methadone	Percocet	Valuim
Celebrex	Friova	MS Contin	Percogesic	Vicoden
Chondrotin	Gabapentin(Neurontin)	MSIR	Relpax	Vytoren
Cyclobenzaprine(Soma)	Glucosamine	Neurontin	Robaxin	Zanaflex
Cymbalta	Imitrex	Norco	Skelaxin	Zegrid
Darvocet	Kadian	Oxycontin	Tizanidine	Zonegram
Duragesic Patches	Lipresal	Oxy IR	Trileptal	
Elavil	Lorcet			

If you have any questions, please call your pharmacist or the Valley Pain Center about your medications.

A patient has the right not to be misled by the organization's marketing or advertising regarding their competence and capabilities.

A patient has the right to obtain the names, addresses, and telephone numbers from the Administrative Director, or designee, of the governmental offices where complaints may be lodged.

A patient has a right to obtain the names, addresses, and telephone numbers of the offices where information concerning Medicare and Medicaid coverage can be obtained.

A patient has the right to be informed of a physician's financial interest in and ownership of the facility in accordance with federal and state regulations.

A patient has the right to change their provider if other qualified providers are available.

A patient has the right, without recrimination, to voice comments, suggestions, complaints, and grievances regarding care; to have those complaints reviewed and when possible, resolved; and when not resolved, to obtain information regarding external appeals, as required by state and Federal law and regulations.

The patient may contact the following individual who serves as the Grievance Officer at the facility to express a complaint or grievance:

Insert appointed Grievance officer information

You may contact 1-800-254-5164 with any complaint or grievance should it not be resolved by the Center to your satisfaction. The Department of Health, Bureau Director of the Division of Acute and Ambulatory Care, maintains a complaint hotline 24 hours a day, 7 days a week.

Medicare beneficiaries may refer their complaints to the Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman.asp

A patient is responsible for providing complete and accurate information to the best of his/her ability about his/her health, any medications, including over the counter products and dietary supplements as well as any allergies or sensitivities and for following their physician's instructions and medical orders.

A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of them.

The ambulatory surgery facility expects that the patient will cooperate with all ambulatory surgery facility personnel and ask questions if directions and/or procedures are not clearly understood.

A patient is expected to be respectful of the property of other persons and the property of the ambulatory surgery facility.

A patient assumes financial responsibility of paying for all services rendered whether through third party payors (his/her insurance company) or being personally responsible for payment for any services which are not covered by his/her insurance policies.

A patient will inform his/her provider about any living will, medical power of attorney or other directive that could affect his/her care.

A patient will provide a responsible adult to transport his/her home from the facility and remain with his/her for 24 hours, if required by his/her provider.

The physicians and staff of XXXX Surgery Center are committed to serving their patients and families with the highest standards of care. We strive to continuously improve our standards through education, technology and awareness of health care costs to meet the ever-changing needs of our patients.

PATIENTS' RIGHTS

AND

RESPONSIBILITIES

VALLEY PAIN CENTER

1800 Byberry Rd. Suite 1101
Huntingdon Valley Pa 19006
P 215-947-7992
F 215-947-7969

PATIENTS' RIGHTS

when such participation is contraindicated for medical reasons.

A patient who is blind or deaf shall have alternative communicative assistance available to them, if requested.

A patient has the right to respectful, considerate, private and dignified care given by competent personnel.

A patient has the right to quality care and high professional standards that are continually maintained and reviewed in a safe setting free from all forms of abuse or harassment.

A patient has a right to exercise his/her rights without being subjected to discrimination or reprisal.

A patient has the right to full information in layman's terms, concerning diagnosis, evaluation, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.

A patient, or patient designee, upon request, shall have access to the information contained in his/her medical records at the ambulatory surgical facility, unless the attending practitioner for medical reasons specifically restricts access.

A patient, if adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the right are exercised by the person appointed under State law to act of the patient's behalf. If the State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

A patient has the right to expect good management techniques to be practiced within the ambulatory surgical facility. These techniques shall make effective use of the patient's time and shall avoid personal discomfort of the patient.

Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure. Informed consent is defined in Section 103 of the Health Care Services Malpractice Act (40 P. S. § 1301.103).

A patient has the right to be transferred to another facility, with notification to the patient's responsible party, when an emergency occurs and requires transfer to a location capable of providing emergency services. (The institution to which the patient is transferred shall be notified prior to the patient's transfer.)

A patient has the right, upon request, to be given the name of his/her attending practitioner, the names of all other practitioners directly participating in his/her care, and the names and functions of other health care persons having direct contact with the patient.

A patient has the right to examine and receive a detailed explanation of his/her bill.

A patient has the right to have records pertaining to his/her medical care treated as confidential, except as otherwise provided by law, or third party contractual agreement.

A patient has the right to expect that the ambulatory surgical facility will provide information for continuing health requirements following discharge and the means for meeting them.

A patient has the right to the opportunity to approve or refuse release of his/her medical care records prior to submission to any party, including third parties based on contractual arrangements, except as otherwise provided by law.

A patient has the right to be informed of his/her rights, responsibilities, and expected conduct by the ambulatory surgical facility prior to admission.

A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.

A patient has the right to information covering the services available at the ambulatory surgical facility, the fees related to those services, and the payment policies governing restitution for services rendered.

A patient has the right to expect emergency procedures to be implemented without unnecessary delay.

A patient has the right to information on the provision of after hours and emergency services for care and treatment rendered at the ambulatory surgical facility.

A patient has the right to know what ambulatory surgery facility rules and regulations apply to his/her conduct as a patient.

A patient has the right to be provided, upon request, information pertaining to the process of credentialing of the practitioners rendering care and treatment at the ambulatory surgical facility.

A patient who does not speak English shall have access, when possible, to an interpreter.

A patient has the right to be given the opportunity to participate in decisions involving his/her health care, except



Valley Pain Center
Masons Mill Park II
1800 Byberry Road, Suite 1101
Huntingdon Valley, PA 19006
phone: 215-947-7992 | fax: 215-947-7969
www.ValleyPainCenter.com

FINANCIAL INTEREST DISCLOSURE

**THE VALLEY PAIN CENTER IS A LIMITED LIABILITY
COMPANY WITH NO PHYSICIAN FINANCIAL OWNERSHIP**



Valley Pain Center
Masons Mill Park II
1800 Byberry Road, Suite 1101
Huntingdon Valley, PA 19006
phone: 215-947-7992 | fax: 215-947-7969
www.ValleyPainCenter.com

ADVANCED DIRECTIVE NOTIFICATION

The Valley Pain Center will not honor previously signed advanced directives.

In the event a patient should suffer a cardiac or respiratory arrest or other life threatening situation the signed procedure consent implies consent for resuscitation and transfer to a higher level of care.

If you have an advanced directive which you would like sent with you in the case of an emergency and during a transfer; please bring a copy with you on the date of your appointment.

Any patient that does not have an advanced directive and would like to have information sent to you regarding advanced directives is asked to call the center. We will gladly provide you with this information and the proper forms or direct you to where you may find these forms and literature.

I acknowledge I have read and understand this notification. If I have any questions I will call the center prior to the date of my appointment.



Valley Pain Center
Masons Mill Park II
1800 Byberry Road, Suite 1101
Huntingdon Valley, PA 19006
phone: 215-947-7992 | fax: 215-947-7969
www.ValleyPainCenter.com

YOUR SIGNATURE WILL INDICATE THAT YOU HAVE RECEIVED A COPY OF
OR INFORMATION REGARDING THE FOLLOWING POLICIES PRIOR TO THE
DATE OF YOUR APPOINTMENT.

- PATIENT BILL OF RIGHTS
- FINANCIAL DISCLOSURE
- ADVANCED DIRECTIVE POLICY

PATIENT SIGNATURE: _____ DATE: _____

**PLEASE SIGN AND DATE THIS FORM THE DAY THAT YOU RECEIVE IT,
BY LAW THIS FORM MUST BE SIGNED PRIOR TO THE DATE OF YOUR
PROCEDURE, AND BROUGHT WITH YOU THE DAY OF YOUR
PROCEDURE**