

Procedure Registration Instructions

Patient Name: _____

Procedure to be performed by Dr. Alan Shikoh M.D.:

Procedure date: _____ with arrival time of _____ for a procedure time of _____.

_____.

_____ **MEMORIAL MISSION SURGERY CENTER**– Located at the corner of Derby Street and de Sales Ave, near the visitor entrance to Main Memorial Hospital and next to the parking garage. The phone number is 423-648-6672.

You will receive a phone call from the Surgery Center a few days before your procedure to obtain a medical history, including all medications you are taking. Please bring your insurance cards with you on your procedure day.

_____ **MEMORIAL HOSPITAL**– Located at Glenwood Drive and Citico Avnue. Enter through the Patient Entrance at portico and report to the registration desk. You will be instructed where to go from registration.

You should receive a call from the Memorial Hospital Pre-testing Department to review your medical history and medications. Please be sure and bring your insurance cards with you on your procedure day. Call 423-495-7777 for further directions.

*****DISCLOSURE OF OWNERSHIP INTEREST IN MEMORIAL MISSION SURGERY CENTER*****Your physician wants you to know that he has an ownership interest in the Memorial Mission Surgery Center or MMSC , a facility licensed for the outpatient surgery and gastroenterology procedures. You are not required to use the MMSC for any outpatient surgery or gastroenterology procedure and you have the option to use any facility for outpatient surgery or gastroenterology procedures at which your physician has privileges. Your physician maintains a list of alternative facilities at the office and will be happy to provide one to you upon request. You will not be treated differently by your physician if you choose a facility other than MMSC If you have questions about MMSC or this disclosure, you are encouraged to talk to your physician or member of the physician’s staff.