



EDINA
PLASTIC SURGERY

EDINA
PLASTIC SURGERY

PRE-OP & POST-OP CARE

EDINA PLASTIC SURGERY

SURGERY PACKET

INSTRUCTIONS: REVIEW FULLY, FILL OUT,
SIGN AND RETURN REQUIRED DOCUMENTS
TO OUR STAFF



GETTING READY FOR YOUR PROCEDURE

CONFIDENCE IS BEAUTIFUL

YOUR SURGERY PACKET

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GET INFORMED AND SIGN/RETURN REQUIRED DOCUMENTS

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PRE-OP & POST-OP
INSTRUCTIONS

WE’RE HERE FOR YOU
ALONG THE WAY;
IF YOU HAVE QUESTIONS,
CONTACT OUR TEAM:

CALL/TEXT (952) 925-1765
AFTER-HOURS (952) 925-8125
FAX (952) 927-5629
EMAIL info@edinaplasticsurgery.com

SECTION 1

FAQS

FREQUENTLY ASKED QUESTIONS

WHEN IS FULL
PAYMENT DUE
FOR MY SURGERY?

All payments for your surgery are due 3 weeks prior to surgery day

WHAT FORMS OF
PAYMENT TO YOU
ACCEPT?

We accept all major credit and debit cards, cashier checks, ACH transfers, PatientFi™ financing, and CareCredit® financing.

WHEN SHOULD I
SCHEDULE MY PRE-OP APPT
WITH MY PRIMARY
CARE PROVIDER?

Your Pre-Operative physical must be performed within 30 days of your surgery date.

CAN I CANCEL OR
RESCHEDULE MY
SURGERY DATE AFTER
IT'S BEEN FINALIZED?

If canceling surgery altogether, please call or text our office with this time-sensitive information. You may reschedule, but a new deposit will be required to secure your new surgery date.

DOES EDINA PLASTIC
SURGERY OFFER
FINANCING OPTIONS?

CareCredit® - 12 months no interest, hard credit check, medical credit card

PatientFi™ - 12 months no interest, soft credit check, medical loan

WILL I NEED ANY
ADDITIONAL LAB
WORK OR MEDICAL
CLEARANCE?

YES / NO

WHAT HAPPENS IF I
AM SICK ON OR CLOSE
TO MY SURGERY DATE?

Please immediately call (952) 925-1765 and ask to be transferred to Recovery where our nurses will discuss your illness and take any necessary action.

WHAT IF I DECIDE TO
ADD/REMOVE A
PROCEDURE TO/FROM
MY SURGERY?

Please contact our schedulers at (952) 925-1765 to discuss your options.

Adding to your surgery may require additional time and therefore, may change your surgery date. Removing a procedure from your surgery requires a 3 week advance notice.

WHAT HAPPENS IF
THERE ARE WEATHER
CONCERNS (STORMS/SNOW)
ON MY SURGERY DATE?

Unless otherwise specified, our surgeons and staff are required to be present on your surgery date, so we ask the same of our patients.

Please allow extra time to arrive safely to your surgery.

SECTION 2

LAB ORDERS FOR HISTORY & PHYSICAL

ALL PRE-OP PHYSICALS AND LAB WORK MUST BE COMPLETED WITHIN 30 DAYS OF SURGERY

MUST BE INCLUDED IN A STANDARD PRE-OP PHYSICAL:

1. Vital Signs
(must include: blood pressure, heart rate, respirations, oxygen saturation, temperature, current weight, and height)
2. Past Medical History
3. Past Surgical History
4. Medications
5. Physical Assessment
6. WRITTEN SURGICAL CLEARANCE OR OPTIMIZATION

SPECIFIC LABS TO CONSIDER *(though other labs may be indicated based on findings in H&P):*

HgB—Outside of minor procedures, a Hgb (Hemoglobin) is generally required based on guidelines. If you have questions about whether one is needed for the procedure, please contact our nurses at 952-925-1765.

K+—Patients on medications that affect potassium (such as diuretics, potassium supplements, ACE inhibitors, A2RBs) need to have a K+ drawn. **If recently started on any of the above medications we will need a recent lab value**

MAMMOGRAM—ALL BREAST SURGERY CASES—A mammogram MUST be performed for the following:

- a. Patients 40-50 years of age a mammogram within the last year
- b. Patients 51-74 years of age a mammogram within the last two years

PREGNANCY TEST—All women 60 years and under will take a pregnancy test the day of their procedure unless it is documented that they have had a hysterectomy or are post-menopausal.

EKG—MUST be performed for any of the following:

- a. Patients 65 and over if not done in the last year.
- b. If not done in last year and asymptomatic CAD, CHF, HTN, IDDM, smoker or BMI >40.
- c. If not done in the last 30 days and symptomatic CAD, CHF, or shortness of breath.

* Please include a copy of the report and the tracing *

BMP—Required for patients with cardiovascular disease.

DIABETIC PATIENTS:

1. Type I and Type II need HgB A1C and blood glucose level within the last 6 months.
2. Insulin dependent diabetics need the following: K+ (Potassium) and EKG within the last year.

INR—Patients on anticoagulants need the following labs drawn: Hgb, INR. If patient's dosage is changed/discontinued prior to surgery an additional INR will need to be drawn 24-48 hours prior to surgery.

MRSA—If patient has a history of MRSA, they will need three consecutive negative nasal cultures at least one week apart.

C-DIFF—If patient has a history of C-Diff, we need documentation of treatment and patient must be asymptomatic for 3 months.

INSTRUCTIONS: Please fax to the Edina Plastic Surgery office (952) 927-5629 at least 48 hours before surgery.
Alternate Fax: (952) 925-1579

SECTION 3
PREPARING YOUR
BODY FOR
SURGERY

PRE-OP — NPO GUIDELINES

WHEN TO STOP EATING & DRINKING

*NPO stands for “nil per os,” or “nothing by mouth.”
It’s the standard instruction for people preparing to have a medical procedure or surgery.*

ADJUST ACCORDING TO YOUR SURGERY START TIME

These times below are GUIDELINES ONLY and used only as examples. Your nurses will provide exact times during your pre-op call and via text. These times may change based off the medications that you are taking.

SURGERY START TIME	DRINK CLEAR LIQUIDS UNTIL	STOP SOLID FOODS
7:30 am	3:30 am	11:30 pm
9:30 am	5:30 am	1:30 am
11:30 am	7:30 am	3:30 am
1:30 pm	9:30 am	5:30 am

GENERAL OVERVIEW

- Eat and drink as usual until 8 hours before surgery.
- You may drink clear liquids up until 4 hours before surgery. (See list below)
- Nothing by mouth within 4 hours of surgery. This includes gum, candy, and breath mints.

CLEAR LIQUIDS INCLUDE

- Water
- Clear fruit juices such as apple juice and white cranberry juice (NO pulp juices)
- Plain tea or black coffee (NO milk or sugar)
- Clear, electrolyte-replenishing drinks such as Pedialyte, Gatorade, or Powerade (NO yogurt or pulp-containing “smoothies”)
- Ensure Clear or Boost Breeze (NOT the milkshake varieties)
- **NO pop/soda of any kind**

PRE-OP — TRANSPORTATION & SUPPORT PERSON

WHAT & WHO YOU NEED

Our goal at Edina Plastic Surgery Center is to provide a safe and caring environment for our patients. We offer privacy and a sense of comfort for our patients undergoing surgery. Your procedure is performed on an outpatient basis and allows you to recover comfortably and economically at home.

For your safety, you will need to have someone over the age of 18 to drive you home. Your friend or family member will be instructed when we need them here for discharge instructions (30 minutes after surgery ends). It is important that your designated driver be on time.

PRE-OP — THINGS TO AVOID LEADING UP TO YOUR SURGERY

SIX WEEKS BEFORE

- NICOTINE OF ANY KIND
This includes smoking, second-hand smoke, nicotine patches, nicotine gum, vape or e-cigarette

NICOTINE CAUSES POOR HEALING AND IN SOME CASES, ACTUAL SKIN LOSS

FOUR WEEKS BEFORE

- HERBAL SUPPLEMENTS
Turmeric, Vitamin E, Omega 3, Fish Oil, Lecithin, Niacin, Selenium, green tea, protein bars, protein shakes) *If taking an iron or potassium supplement, continue to take them as directed*
- MARIJUANA and THC (Tetrahydrocannabinol), and Kratom (any Kratom-based products)

THREE WEEKS BEFORE

- Aspirin, Advil, Aleve, Anaprox, Excedrin, Ibuprofen, Motrin, Naproxen, Naprosyn (or anything containing these products)

TWO WEEKS BEFORE

- Ozempic, Semaglutide, Wegovy, Rybelsus, Mounjaro (Tirzepatide) *Unless otherwise directed by your Primary Care Physician
- Any diet supplements (Phentermine, Ephedrine, shark cartilage)
- Airborne, Alka-Seltzer, Coricidin, Pepto-Bismol, Sudafed
- Coumadin, Warfarin **Approval must be given by Primary Care Physician to stop
- Red Wine
NO alcohol can be taken while taking narcotic pain medication after surgery

ONE WEEK BEFORE

- All alcohol (including beer)
NO alcohol can be taken while taking narcotic pain medication after surgery

THREE DAYS BEFORE

- Naltrexone/Revia/Depade/Vivitrol
Must wait to restart taking these medications until 2 days AFTER STOPPING post-op pain medications

ONE DAY BEFORE

- Imitrex, Topamax, Maxalt and Triptans must be discontinued 24 hours PRIOR TO surgery and for ONE WEEK AFTER surgery

DAY OF SURGERY

- Specific blood pressure medications
Cozaar, Losartan, Lisinopril, Enalapril, Quinapril, Diuretics (i.e. hydrochlorothiazide, Lasix)

PRE-OP— PLANNING & INSTRUCTIONS

WHAT TO PLAN FOR

**** REVIEW PRIOR TO SURGERY ****

PRE-OPERATIVE CHECK-LIST

- A current health history and physical is required before your surgery (within 30 days). Have your doctor's office fax the results to (952) 927-5629.
- Do not take any aspirin or ibuprofen (or any compound containing aspirin or ibuprofen) for **3 weeks**. This is to prevent excess bleeding and increased bruising. Tylenol (acetaminophen) is okay to take.
- Do not take any vitamin E, herbal supplements (including but not exclusive to: tea, Meridia, Bilberry, Cayenne, Echinacea, Garlic, Ginger Root, Gingko Biloba, St. John's Wart, Yohimbe, Turmeric) or dietary supplements **4 weeks** prior to and following your surgery (unless other time frame is specified by your plastic surgeon).
- Avoid red wine for **2 weeks** prior to surgery and all other alcohol for **1 week** prior to your surgery.
- Imitrex, Topamax, and Maxalt must be discontinued **24 hours** before your surgery and for **one week** after surgery. Phentermine (and other appetite suppressant products), Ozempic, Semaglutide, Wegovy, Rybelsus and Mounjaro must be discontinued for 2 weeks before surgery.
- DO NOT SMOKE cigarettes, use any products containing nicotine or be exposed to second hand smoke for **6 weeks** prior to surgery (unless other time frame is specified by your plastic surgeon).

EVENING BEFORE SURGERY

- Generally, a light meal early in the evening is advised. You may have a small meal up until **8 hours** prior to surgery.
- You may drink clear liquids (plain black coffee) and water up until **4 hours** prior to surgery. Then nothing after 4 hours, this includes no gum, candy or throat lozenges. Note: If you fail to follow this requirement your surgery may be cancelled. This would not be considered a medical cancellation.
- Your physician may want you to take certain prescriptions such as: heart medication, seizure medication, blood pressure medication, asthma medication or prednisone. In this case, please take these medications with a small sip of water early in the morning. Please call us if you are unsure about the medications you need to take or discontinue.
- Shower or bathe the morning of surgery. Please leave off all products including cosmetics, deodorant, body lotion, oils, and hair products.
- Please wear or bring loose and comfortable clothing (i.e.: button down or zippered shirt, elastic top pants, slip on shoes).
- Leave your jewelry and valuables at home. All rings, earrings, necklaces, watches and body piercings need to be removed before your surgery.
- Contact lenses cannot be worn during surgery. You may want to bring your glasses to read and sign paperwork during check in. Contacts/glasses will be removed before surgery. Please bring a case to put them in.
- If you have allergies or asthma and use an inhaler, please bring it with you the day of surgery.
- If you use a CPAP please bring it with you the day of surgery.
- Plan to arrive at the **Surgery Center (Suite 300A, not 300)** at least 1 ½ hours prior to your scheduled surgery time. A nurse will check you in. An anesthetist and your surgeon will speak to you during this time. Your surgery time may change depending upon the doctor's schedules.

QUESTIONS? PLEASE CONTACT US AT (952) 925-1765.

SECTION 4

POST SURGERY

QUESTIONS? PLEASE CONTACT US AT (952) 925-1765 | AFTER HOURS (952) 925-8125

POST-OP—PLANNING & INSTRUCTION

WHAT TO PLAN FOR

POST-OPERATIVE INSTRUCTIONS & REQUIREMENTS

- Transportation**—Arrange to have a responsible adult pick you up after surgery and stay with you for 24 hours (this is required). Under no circumstances will you be allowed to drive following your procedure. Taxi cab or bus travel home is prohibited. If transportation or finding someone to help care for you is a problem, please call us. There are nursing services we can recommend.
- Support Person Present**—All Post-Operative instructions and questions you have will be discussed before you are discharged from the surgery center. Because you have received anesthesia the person taking care of you needs to be present at this time.
- Follow Up Appointment**—A follow-up appointment with your surgeon will be scheduled for you generally in 1-2 days following your surgery.

FOR THE FIRST 24-48 HOURS AFTER SURGERY

- A responsible adult (over the age of 18), needs to remain with you during the first 24 hours after your procedure.
- Rest as much as possible the day of surgery, you may get up a couple of times to stand/walk in place. Remember while resting to point and flex your toes often to help blood flow.
- Starting the day after surgery, we do want you getting up every hour you are awake to take small walks around the house.
- You may be dizzy and off balance after anesthesia, have assistance when standing and walking.
- Do not make any important decisions or sign any legal documents.
- Do not drink any alcohol for 24 hours, while taking narcotics, or as instructed by your surgeon.
- Do not drive a vehicle or operate heavy machinery for 24 hours, while taking narcotics, or as instructed by your surgeon.
- Begin advancing your diet slowly after anesthesia starting with clear liquids.
- Please make sure to wear your white compression stockings (TEDS) for 48 hours after surgery.
- If provided with an Incentive Spirometer, use this 2-3 times every hour that you are awake.

POST-OP

What to be Prepared for & When to Call

YOU MAY EXPERIENCE ONE OR MORE OF THE FOLLOWING FOR THE WEEKS AFTER YOUR SURGERY

- Swelling
- Numbness
- Bruising
- Skin Tightness
- Minimal to moderate pain controlled by prescribed analgesics
- Constipation while taking narcotics. You should use a stool softener (Colace), gut motility agent (Senna), or bulking agent (Miralax) while taking narcotics.
- Low-grade fever
- Small amount of yellow watery drainage from incision area

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING

- Sudden or excessive swelling
- Severe pain not controlled by prescribed analgesic
- Red, inflamed, painful incision that is hot to the touch
- Extreme redness or drainage around incisions
- Excessive bleeding (blood soaked dressings or increasing amounts of bright red blood in drains)
- Fever greater than 101.5
- Severe nausea and/or vomiting
- Itching, hives, rash, headache, or nausea after taking any of your medications
- Continued dizziness or incoherent behavior-such as hallucinations
- Go immediately to the ER or call 911 if worsening shortness of breath and/or chest pain.

POST-OP Revision Policy

**** SIGNATURE & RESPONSES REQUIRED PRIOR TO SURGERY ****

The surgeons and staff at Edina Plastic Surgery are dedicated to helping you achieve your surgical goals. We sincerely try to achieve the best possible result for each patient. Various factors, however, can affect the outcome from cosmetic procedures. These include your Pre-Operative anatomy, potential healing problems, or the development of excessive scar tissue. Surgery also has inherent risks, such as bleeding or infection. Exact results cannot be guaranteed. Occasionally, revisions are necessary to obtain desired results.

If your surgeon feels a revision is necessary during the first year after your surgery, your surgeon may waive the surgeon's fee for the additional procedure, but you will be responsible for the operating room and anesthesia charges.

Patient Signature _____ Date _____

SECTION 5

RESTRICTIONS,
REQUIREMENTS &
RECOMMENDATIONS

RESTRICTIONS NO SMOKING



NO SMOKING



NO E-CIGS



NO VAPING



NO THC/CBD

IF YOU SMOKE OR USE ANY FORM OF NICOTINE (INCLUDING SMOKING CESSATION AGENTS SUCH AS PATCHES, GUM AND LOZENGES) BEFORE YOUR SCHEDULED PROCEDURE, YOUR SURGERY WILL BE CANCELED.

SMOKING CAN HAVE A DETRIMENTAL AND CATASTROPHIC EFFECT ON THE RESULTS YOU WILL GET FROM YOUR SURGERY!

Smoking will cause problems with your anesthesia, breathing and cause an increase in your blood pressure, leading to bleeding complications.

Smoking can cause necrosis of the tissues, a condition wherein the blood supply to the skin is decreased and the skin DIES. This is a very serious complication, which could require major reconstruction and result in severe, noticeable scarring. YOU can help prevent this complication.

You must give up all smoking and all forms of nicotine 6 weeks prior to surgery and for 6 weeks after surgery. Even one cigarette and/or any form of nicotine can cause necrosis of the delicate skin tissues. Due to the effect of “passive smoking”, members of your household should not smoke in your presence until healing is complete (generally 6 weeks before and 6 weeks after).

The incidence of skin loss is 12 to 13 times higher in smokers than in non-smokers and **ONLY YOU CAN PREVENT THIS PROBLEM.**

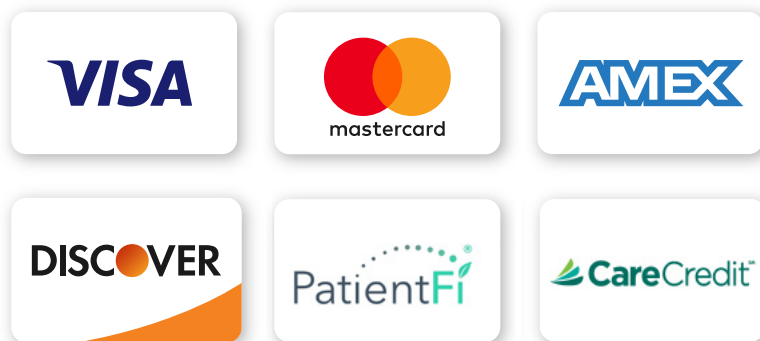
REQUIRED—BEFORE YOUR SURGERY

Payment

PAYMENT OPTIONS

EDINA PLASTIC SURGERY ACCEPTS CASHIER'S CHECKS FOR PAYMENT OF SURGERY THREE WEEKS PRIOR TO SURGERY.

We also accept Visa, Mastercard, American Express, Discover, ACH, PatientFi or Care Credit.



PAYMENT METHOD SPECIFIC INSTRUCTIONS

CASHIERS CHECK

Please drop it off in our clinic. We will not accept mailed cashiers checks, but will happily take your ACH payment information over the phone.

CARE CREDIT CARD

It is preferred to go through the Pay My Provider portal on the Care Credit website. Please ask one of our schedulers to send you a link to use this feature. To pay using Care Credit over the phone, you must either present or email a copy of your driver's license and a copy of the card that you want to use three weeks prior to your surgery, and will need to be able to print, sign and scan to return the sales receipt.

In the event that someone else is using his/her credit card or Care Credit to pay for your surgery, the same rules apply to them. Verbal consent from the cardholder must also take place, unless you are listed as an authorized user.

PatientFi

To pay using PatientFi, please provide us with your account number. You will then get a confirmation email from PatientFi asking you to accept the transaction. Once it is accepted, the funds will be transferred.

ACH—Direct Bank Transfer

If you are using an ACH payment, please have account and routing number ready before calling our office to make your payment.

You are also welcome to bring payment information in person to our office three weeks prior to your surgery.

ADD per 10-b —Disclosure of Financial Interest

To Patients Having Procedures at the Edina Outpatient Surgical Center:

Your health care provider is referring you to a facility or service in which your health care provider has a financial or economic interest.

REQUIRED—BEFORE YOUR SURGERY

Informed Consent

** REVIEW & RESPONSES REQUIRED PRIOR TO SURGERY **

GENERAL RISKS OF SURGERY

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BLEEDING

With any procedure, there is a risk of bleeding. This can vary from mild bruising that heals easily to large amounts of blood loss that may require medical aid. This aid may include blood transfusions or other procedures to stop the bleeding and drain any collected blood. Each procedure may have its own risks. For example, a blood transfusion may very rarely transfer a known or unknown infection. Please tell your surgeon about any medications and non-prescription herbs or supplements you are taking, because some may increase the risk of bleeding during or after surgery.

INFECTION

With any medical procedure, it's possible for infections to occur. Sometimes these infections aren't directly linked to the part of the body that was operated on, such as pneumonia or a urinary tract infection. The seriousness of an infection can vary from relatively minor to life-threatening. If you get an infection, you may need more treatment including antibiotics, hospitalization, or surgery. It is important to tell your surgeon about any current or previous infections you may have had. Your doctor should be told about serious infections, such as methicillin-resistant Staphylococcus aureus (MRSA) infections. They can also be less serious like an open wound, a recent upper respiratory infection or pneumonia, an ingrown toenail, an insect bite, a tooth abscess, or a urinary tract infection. Tell your surgeon about any infection or health issue you've had recently. Infections in other parts of the body may lead to an infection in the area where you've had surgery.

PAIN

Having pain after surgery is normal. Your surgeon may recommend taking pain medication to reduce your discomfort. This might include prescription pain medication. If you take medication, follow the instructions carefully. These medications can have serious side effects. They may be dangerous if you take too much or may result in addiction (especially in the case of opioids). Please talk to your doctor if you have a history of trouble with any pain medication. Be honest with your doctor about your history with addiction of any kind. Please also talk to your doctor if you have any questions about medication.

NAUSEA/VOMITING/CONSTIPATION

Having nausea, vomiting and/or constipation is normal after

surgery. However, if you experience excessive vomiting, contact your surgeon immediately.

SCAR FORMATION

All surgeries leave scars. Some are more visible than others. While your surgeon will try to make sure your scar is small and nearly invisible, everyone heals differently. There is a chance that you may have a more visible scar than others. Some scars may be raised, thick, wide, discolored, uneven, painful, or otherwise not acceptable to you. With some surgeries, scar tissue may form around structures deep in the body and cause other issues in the area that's been operated on.

WOUNDS

With any surgery, there is a chance that wounds will form. Depending on the size of the wound, your surgeon may recommend ways to help you heal. These can include wound care with dressing changes, special devices to help the wound close faster, or operations to clean or close the wound. Sometimes, a wound may affect the results of your surgery, both in terms of how it looks and how it performs. Certain health problems and medications may lead to wound formation. Please tell your doctor about all your known or possible medical issues. Also let your doctor know every medication, herb, and supplement you're taking. Tell your doctor about your eating habits and if you're on a specific diet like Atkins or keto. Don't forget to tell your doctor whether you smoke, or you used to smoke. Smoking and nicotine can make it harder for your body to heal, resulting in wound problems.

SWELLING

All procedures involve some swelling. The amount of swelling will change depending on the procedure. Your surgeon will recommend ways to reduce swelling. These may include simply waiting for the swelling to go down. Other ways include using special compression clothing, a drain, or medications. If the swelling increases, fluid may collect in your body (called a "seroma"). To fix this, your surgeon may suggest a procedure to drain the fluid. In rare cases, swelling can be permanent (called "lymphedema").

CHANGE IN SKIN SENSATION

Many people experience changes in skin sensation after surgery. In other words, touching things may feel different than it used to. Such changes usually involve being less

sensitive to touch. However, it's also possible that you may become more sensitive. While these changes usually go away as you start healing, some changes may be permanent.

INJURY TO DEEP VITAL STRUCTURES

When you have surgery, there is a risk that other organs and systems may be injured. These important systems are called "deep vital structures," and they include the bowel or gut, muscles, nerves, blood vessels, and other parts of the body. Injuries to these parts can lead to severe infections, bleeding, trouble breathing, organ failure, or even death. Treating such injuries may require more surgeries or time in the hospital.

BLOOD CLOTTING ISSUE (COULD BE LIFE-THREATENING)

Sometimes surgery can cause issues with your blood vessels, including clotting. In most cases, these fix themselves without needing treatment. However, some procedures have a higher risk of developing blood clots than others, particularly in deeper veins. If a clot forms in a deep vein, it is called deep vein thrombosis (DVT). It can lead to chronic swelling. If the blood clot breaks off and travels to the lungs, it is called pulmonary embolism (PE). PE can be very dangerous. If DVT/PE occurs, you may be given medication to "dissolve" the clot. This medication may increase your risk of bleeding. It is important to tell your surgeon if you or your family have a history of DVT/PE. Discuss your medical history with your surgeon, because some issues may increase your risks. These include taking some types of birth control or estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc.

REACTIONS/ALLERGIES TO MEDICATIONS AND SUPPLIES

All medical procedures use a range of medications and supplies. Your body may react to some supplies, including tape, glue, sutures, or garments. These reactions include allergies. Allergies can be minor (itching), moderate (rash), or severe. Severe allergies may result in death (including shock or swelling in your mouth and throat that prevents you from breathing normally). Tell your doctor about any previous allergic reactions you may have had, no matter how mild they were. Medications can also lead to allergies or other reactions. Certain medications, including those used for local or general anesthesia, may affect the heart, lungs, brain, kidneys, liver, or other body functions. These reactions may be life-threatening.

SURGICAL ANESTHESIA

Both local and general anesthesia involve risks. There is a possibility of complications, injury, and even death from all types of surgical anesthesia or sedation. Please let your surgeon know about all health issues you may have, especially those that involve how your heart and lungs work. Tell your doctor about your overall fitness level, because this can affect how anesthesia works on you.

UNSATISFACTORY RESULT

Although good results are expected, there is no guarantee of the final results of the surgery. Everybody is different and nobody is perfectly symmetrical or even. Your surgeon may not know in advance about some of these natural issues.

Many issues with unevenness can't be fully corrected with surgery. The more realistic your expectations are, the better your results will be. Some patients never reach their desired goals or results, but this is not the fault of the surgeon or operation. You may be disappointed with the results of surgery. A range of results can happen after surgery. These can sometimes include unevenness, unexpected shape and size, loss of function, wounds, poor healing, scars, changes in appearance, or loss of feeling. It is also possible that the issue for which you had surgery could come back. You may choose to have more surgery.

It can be stressful to have a result you don't like. Before surgery, talk with your surgeon about any concerns you have. Also, tell your doctor if you have a history of depression or mental health disorders. Although many people are happy after surgery, it's impossible to predict what effect surgery may have on your mental health.

NEED FOR ANOTHER SURGERY (RE-OPERATION)

Many things may affect the results of your surgery, both now and in the future. You may need to have more surgeries to get your desired results. This can include tightening, moving, shifting, or removing things. The results from surgery are often not permanent and are likely to change over time. In the future, you may want to make more changes to the appearance or function of your body for various reasons. These may include the results of aging, sun exposure, weight loss, weight gain, pregnancy, and menopause. It could also include other circumstances not related to your surgery.

There may be additional costs for additional procedures like this. This would include surgical fees, facility and anesthesia fees, and pathology and lab testing. The patient should clarify with their surgeon who is responsible for payment of any additional surgery.

INABILITY TO FOLLOW INSTRUCTIONS BEFORE AND AFTER THE PROCEDURE

With any procedure, your surgeon will give you instructions to follow the surgery. Following these instructions will help you heal faster. It will reduce your risk of complications and increase the chance of a good result. Such instructions may include telling you how to take care of your bandages or dressings. They may limit activities, including exercise, lifting, fast movements, bathing, sun exposure, or traveling. Your doctor may make suggestions about the clothes you wear. You may also get instructions about the medications and supplements to take and what to eat. It is very important for you to follow these instructions. If you can't follow any of the instructions you've been given, it's important to quickly tell your surgeon. Not following your doctor's instructions can cause problems with healing and may affect the results of your surgery. It is critical that the patient keeps follow up visit appointments, failure to return for follow up appointments and failure to come in for a check-up when the patient is advised may result in complications and permanent damage

ATTESTATIONS/CONFIRMATIONS

SMOKING, SECOND-HAND SMOKE EXPOSURE, NICOTINE PRODUCTS (PATCHES, GUM, NASAL SPRAY)

**** REVIEW & RESPONSES REQUIRED PRIOR TO SURGERY ****

If you currently smoke or use tobacco or nicotine products (including a patch, gum, or nasal spray), or if you are exposed to second-hand smoke, you have a bigger risk of problems during and after surgery. These problems may include skin loss, delayed healing, and more scarring. Additionally, smoking may cause problems with anesthesia and recovery from anesthesia. It can also lead to coughing and increased bleeding. People who don't smoke or use any nicotine-containing products and who don't experience second-hand smoke have a much lower risk of these types of problems. The risks associated with smoking other substances such as Marijuana, are not known at this time.

PLEASE LET US KNOW ABOUT YOUR CURRENT SMOKING AND NICOTINE STATUS BELOW:

- | | |
|---|---|
| <input type="checkbox"/> I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure that can lead to surgical complications. | <input type="checkbox"/> I have smoked in the past and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has passed. |
| <input type="checkbox"/> I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products. | <input type="checkbox"/> I have been advised to stop smoking immediately. I have been told about the risks, benefits, expectations, and alternatives to my surgery if I keep smoking. |

It is important that you don't smoke for at least 6 weeks before surgery. Don't start smoking again until your doctor tells you it's okay to start. If possible, use this time to help you quit for good.

You must tell your doctor if you keep smoking in the 6 weeks before your surgery. For your own safety, your surgeon may move your operation to a later date if you keep smoking during this time.

Smoking can have a very negative effect on your surgery. Because of this, it's important to check that you have stopped smoking before surgery. Your doctor may do a urine or blood test just before surgery to see if you have nicotine in your body. If the test comes back positive, your surgery may be cancelled. Your surgery fee, the scheduling fee, and other amounts you have already paid may be returned. Be honest with your surgeon about whether you smoke or use nicotine products—it's for your own safety.

SLEEP APNEA/CPAP:

Tell your doctor if you have breathing problems such as "obstructive sleep apnea." Also, tell you doctor if you use a CPAP device (continuous positive airway pressure), or nighttime oxygen. If you do, you may have a bigger risk of breathing problems or even death during and after surgery. This also increases the risk involved with taking certain pain medications after surgery. It's important for your doctor to know about any pre-existing health issues to find out if surgery is safe for you. If you have a breathing condition, your doctor may suggest that you have surgery only if you stay in the hospital for a little while afterward. This may decrease your risk of potential breathing problems. IT will also allow health care providers to safely manage pain after your surgery.

PLEASE THINK ABOUT THE FOLLOWING SYMPTOMS OF SLEEP APNEA:

It's important that you talk with your surgeon if you have experienced any of the symptoms listed above.

- | | |
|--|---|
| <input type="checkbox"/> I am frequently tired on waking and during the day | <input type="checkbox"/> I have been told that my legs or arms jerk when I'm sleeping |
| <input type="checkbox"/> I have trouble staying asleep at night | <input type="checkbox"/> I make sudden snorting noises when I sleep |
| <input type="checkbox"/> I have been told that I snore or stop breathing when I sleep | <input type="checkbox"/> I feel tired or fall asleep during the day |
| <input type="checkbox"/> I wake up throughout the night or constantly turn from side to side | |

DVT/PE RISKS:

Every surgery has a risk of blood clots, DVT, and PE. This varies depending on the risk factors listed below. The higher the risk factors, the greater the chance you'll experience blood clotting issues during or after surgery. It's important for you to be aware of these risks and to follow your doctor's instructions. Be sure to move about when your doctor allows it. Follow all instructions about activity and movement after surgery. In order to lower your risk of clot-related issues, your doctor may also give you other instructions. You may need to wear special leg stockings, use squeezing active leg devices, or take certain medicines as you heal.

Many conditions can increase or affect your risks of clotting. Tell your doctor about any past or present history of any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Personal history of blood clots | <input type="checkbox"/> Taking a large dose of vitamins |
| <input type="checkbox"/> Family history of blood clots | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Taking birth control pills | <input type="checkbox"/> Past illnesses of the heart, liver, lungs, or gastrointestinal tract (Gut) |
| <input type="checkbox"/> Taking hormone stimulating drugs | <input type="checkbox"/> History of multiple spontaneous abortions or miscarriages |
| <input type="checkbox"/> Swollen legs | |
| <input type="checkbox"/> History of cancer | |

I UNDERSTAND THE RISKS RELATING TO DVT/PE, AND HOW IMPORTANT IT IS TO FOLLOW MY SURGEON'S INSTRUCTIONS. THESE INSTRUCTIONS MAY INCLUDE:

- Walking or moving my legs as soon as I'm told to ("early ambulation")
- Using compression devices (SCD/ICD)
- Using certain medications or procedures (like "anticoagulation protocols") when allowed

If you have a high risk of clotting issues, you may experience some problems even if your doctor uses preventive methods. If your surgery is not medically required (it's "elective") and you are a high-risk patient, it may be safer to not have the surgery. You should talk about these risks with your surgeon.

RISKS ASSOCIATED WITH OBESITY:

Patients who are overweight have a higher rate of many complications and this risk increases the more overweight the patient is. The patient should discuss these risks with their surgeon and discuss ways to decrease these risks.

REQUIRED—BEFORE YOUR SURGERY

Communication Acknowledgement & Consent

**** REVIEW, RESPONSES REQUIRED PRIOR TO SURGERY ****

It is important to keep appointments and let us know about any problems or issues you may be having. There are many ways we can communicate. You can communicate with us by telephone, text, pager, answering service if available, email, and regular mail. If you have an emergency, tell us immediately so that we can help. In case of emergency, call 911. Please do not leave a message about an emergency on the office answering machine after hours or on weekends. There may be a delay in us getting such messages. We will do our best to protect your privacy according to HIPAA rules.

PLEASE LET US KNOW BELOW ALL THE WAYS YOU'D LIKE US TO COMMUNICATE WITH YOU:

<input type="checkbox"/> Home Phone	<input type="text"/>	<input type="checkbox"/> Work Phone	<input type="text"/>
<input type="checkbox"/> Cell Phone	<input type="text"/>	<input type="checkbox"/> Text	<input type="text"/>
<input type="checkbox"/> Pager	<input type="text"/>	<input type="checkbox"/> Voicemail or answering service	<input type="text"/>
<input type="checkbox"/> Email	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Regular mail and delivery	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

DISCLAIMER—Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine and evolve.

It is important that you read the above information carefully and get all your questions answered before signing the procedure-specific risks of surgery consent agreement.

Requirements

INFORMED CONSENT FOR SURGERY/PROCEDURE

**** SIGNATURE REQUIRED PRIOR TO SURGERY ****

1. INFORMED CONSENT INFORMATION

This document is to provide you with information to make an informed consent about the procedure or surgery that has been recommended to you. It is your provider's obligation to provide you with the information you need in order to decide whether to consent to the surgery or procedure at issue. You should read this form carefully and ask any questions to your doctors so that you understand the surgery or procedure before you decide to consent and proceed. If you have questions, you are encouraged and expected to ask them before you sign this form.

2. SURGERY OR PROCEDURE AT ISSUE

Your provider(s) have recommended the following surgery or procedure at Edina Surgery Center

By signing this consent form, you acknowledge that you have met with your provider to discuss this surgery or procedure, you have been given complete and current information regarding the procedure or surgery identified above, and the likely or expected outcome or results from that surgery or procedure.

3. PROVIDER INFORMATION

Your provider who is performing the procedure or surgery is

Edina Surgery Center maintains personnel and facilities to assist your provider in their performance of certain surgical operations and other procedures. By signing this consent form, you authorize any necessary personnel to take part in your surgery or procedure, including, but not limited to, the surgeon, his or her surgical team members, the anesthesiologists or members of the anesthesia team, surgery assistants, nurses, residents, and trainees.

4. GENERAL RISKS

You have been provided with a document titled, "Informed Consent, General Risks of Surgery." This document covers in detail the general risks associated with most surgical procedures.

PATIENT AGREEMENT

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily consent to proceed with the surgery or procedure identified above.

Signature of Patient

Date & Time

Patient Printed Name

Signature of Witness

Date & Time

Witness Printed Name

Requirements

INFORMED CONSENT FOR ANESTHESIA

**** SIGNATURE REQUIRED PRIOR TO SURGERY ****

The purpose of this consent form is to inform you of the potential risks involved with the administration of anesthesia. The type of anesthesia administered will be general anesthesia, sedation or local anesthesia. The Certified Registered Nurse Anesthesiologist (CRNA) will discuss the appropriate type of anesthesia best suited for your procedure. In general, the risks related to the modern methods of anesthesia are very low. However, every anesthetic has some associated risk. The listing below is not intended to be all-inclusive. Please address any questions or concerns with your CRNA during your Pre-Operative anesthesia interview prior to surgery.

Your anesthesia will be delivered by a skilled CRNA. Your CRNA will evaluate you before your procedure and monitor you closely throughout your anesthetic. Your CRNA and surgeon will be present or immediately available during all critical phases of your anesthetic.

BEFORE THE OPERATION

- A complete medical history is very important to providing safe anesthesia care. Medical conditions, recent illness, allergies, adverse reactions to anesthesia and current medications (including weight loss medications) should be reported accurately. Medical conditions and abnormal physical states may add to your risk under anesthesia.
- It is important that you accurately report when you last ate or drank. It is also important that you report GLP-1 agonist medications like Ozempic and Wegovy. While under anesthesia, stomach contents can be vomited and aspirated into your lungs causing respiratory problems.
- An IV will be placed in most cases. Pain, swelling, numbness and infections are rate side effects of IV therapy.

DURING THE OPERATION

- Unusual or allergic reactions to anesthesia medications can occur. On rare occasions, these reactions may be life-threatening. Your CRNA will treat rare reactions if they occur.
- While under anesthesia, your airway will likely need to be maintained. CRNAs are airway experts. However, though safe techniques are used, injury may occur to teeth, mucous membranes, tongue, lips and throat. In addition, damage to prosthetic dental work such as bridges, crowns, etc., may occur. These injuries are rare.
- Though protective measures are used, nerve or skin injury may result from operating room equipment, the position required during surgery, or skin reactions to dressings or tape.

AFTER THE OPERATION

- While waking up from anesthesia, you may clench your teeth resulting in injury to teeth, lips, tongue or dental work.
- Muscle soreness and stiffness may result from medications given during surgery.
- Airway management may result in a sore throat after surgery.
- Nausea can occur after surgery and anesthesia. This results from the type of surgery, length of surgery, anesthesia medications, and your genetic makeup. Your CRNA will individualize your nausea prevention program.
- Some rare complications of anesthesia may require hospital admission even for same day surgery.

PATIENT AGREEMENT

I have read the information above and my questions have been answered. I give my consent for anesthesia.

Signature of Patient (or Guardian)

Date & Time

Patient Printed Name

CRNA Signature

Date & Time

REQUIREMENTS

Quad A Patient Rights & Responsibilities

PLEASE REVIEW YOUR RIGHTS & RESPONSIBILITIES

This accredited facility presents these Patient Rights and Patient Responsibilities to reflect the commitment to providing quality patient care, facilitating dialogue between patients, their physicians, and the facility management, and promoting satisfaction among the patients and their designated support person(s), physicians, and health professionals who collaborate in the provision of care. This facility recognizes that a personal relationship between the physician and the patient is an essential component for the provision of proper medical care. When the medical care is rendered within an organizational structure, the facility itself has a responsibility to the patient to advocate for expanded personal relationships and open communications between patients and their designated support persons, physicians and the organization's staff members. This facility has many functions to perform, including but not limited to, preventing and treating medical conditions, providing education to health professionals and patients, and conducting clinical research. All these activities must be conducted with an overriding concern for the patient and above all the recognition of his or her dignity as a human being. Although no catalogue of rights can provide a guarantee that the patient will receive the kind of treatment he or she has a right to expect, these patient rights are affirmed and actively incorporated into the care provided in this facility.

1. The patient has the right to receive considerate and respectful care in a safe setting.
2. The patient has the right to know the name of the physician responsible for coordinating his/her care.
3. The patient has the right to obtain information from his or her physician in terms that can be reasonably understood. Information may include, but is not limited to his or her diagnosis, treatment, prognosis, and medically significant alternatives for care or treatment that may be available. When it is not medically advisable to share specific information with the patient, the information should be made available to an appropriate person in his or her behalf. When medical alternatives are to be incorporated into the plan of care, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatments.
4. The patient has the right to obtain the necessary information from his or her physician to give informed consent before the start of any procedure and/or treatment. Necessary information includes, but is not limited to, the specific procedure and/or treatment, the probable duration of incapacitation, the medically significant risks involved, and provisions for emergency care.
5. The patient has the right to expect this accredited ambulatory surgery facility will provide evaluation, services and/or referrals as indicated for urgent situations. When medically permissible, the patient or designated support person(s) will receive complete information and explanation about the need for and alternatives to transferring to another facility. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
6. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his or her action.
7. The patient has the right to obtain information about any financial and/or professional relationship that exists between this facility and other health care and educational institutions insofar as his or her care is concerned. The patient has the right to obtain information about any professional relationships that exist among individuals who are involved in his or her procedure or treatment.
8. The patient has a right to be advised if this accredited ambulatory surgery facility proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in research projects.
9. The patient has the right to every consideration for privacy throughout his or her medical care experience, including but not limited to, the following. Confidentiality and discreet conduct during case discussions, consultations, examinations, and treatments. Those not directly involved in his or her care must have the permission of the patient to be present. All communications and records pertaining to the patient's care will be treated as confidential.
10. The patient has the right to expect reasonable continuity of care, including, but not limited to the following. The right to know in advance what appointment times and physicians are available and where. The right to have access to information from his or her physician regarding continuing health care requirements following discharge. The number to call for questions or emergency care
11. The patient has the right to access and examine an explanation of his or her bill regardless of the source of payment.
12. The patient and designated support person(s) have the right to know what facility rules and regulations apply to their conduct as a patient and guest during all phases of treatment.
13. The patient has the right to be free from all forms of abuse, neglect, or harassment.
14. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.

PATIENT RESPONSIBILITIES

It is the patient's responsibility to participate fully in decisions involving his or her own health care and to accept the consequences of these decisions if complications occur. It is the patient's responsibility to follow up on his or her physician's instructions, take medications when prescribed, and ask questions that emerge concerning his or her own health care.

IT IS THE PATIENT'S RESPONSIBILITY TO PROVIDE THE NAME OF THE SUPPORT PERSON IN CASE OF EMERGENCY, AND HAVE THIS SUPPORT PERSON AVAILABLE WHEN ADVISED TO DO SO.

Direct any care concern/complaints to:
Facility Director: Nicole Sorensen, RN
Phone: (952) 925-1765

And the Investigations Team at QUAD A
Phone: (888) 545-5222
Email: investigations@quada.org

Minnesota Department of Health:
Phone: (651) 201-4201

REQUIREMENTS

MN Outpatient Surgical Center Patients

Minnesota Outpatient Surgical Center Patients' Bill of Rights
Minnesota Legislature 2004
144.651 Patients & Residents of health care facilities; bill of rights.

Subdivision 1. Legislative intent. It is the intent of the legislature and the purpose of this section to promote the interests and wellbeing of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

DEFINITIONS

Subdivision 2. Definitions. For purposes of subdivisions 4 to 9, 12, 13, 15, 16 and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center. Subdivision 4. Information about rights. Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Subdivision 5. Courteous treatment. Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subdivision 6. Appropriate health care. Patients shall have the right to appropriate medical and personal care based on individual needs.

Subdivision 7. Physician's identity. Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the

patient's guardian or other person designated by the patient as a representative.

Subdivision 8. Relationship with other health services. Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other persons designated by the patient as a representative.

Subdivision 9. Information about treatment. Patients shall be given by their physicians' complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of these methods.

Subdivision 12. Right to refuse care. Competent patients shall have the right to refuse treatment based on the information required in subdivision 9. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

Subdivision 13. Experimental research. Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subdivision 15. Treatment privacy. Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

Subdivision 16. Confidentiality of records. Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and section 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law.

Subdivision 18. Responsive service. Patients shall have the right to a prompt and reasonable response to their questions and requests.

Subdivision 19. Personal privacy. Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subdivision 20. Grievances. Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.

Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place. Compliance by outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU OUTPATIENT SURGICAL SERVICES YOU MAY CALL WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR OLDER MINNESOTANS.

Office of Health Facility Complaints
(651) 201-4201
1-800-369-7994
Fax: (651) 281-9796

Mailing Address:
Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
PO Box 64970
St. Paul, Minnesota 55164-0970

**Office of Ombudsman for
Long-Term Care:**
(651) 431-2555
1-800-657-3591
Fax: (651) 431-7452

Mailing Address:
Ombudsman for Long Term Care
PO Box 64971
St. Paul, MN. 55164-0971

OUR MISSION

Transforming
LIVES

Elevating
CONFIDENCE.



EDINAPLASTICSURGERY.COM

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Suite 300
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THANK YOU