



Tonsil, Adenoid & Pressure Equalization Tube(s) Surgery Checklist

Now that you've made the decision to have surgery please email us at Surgery@TexasSinusCenter.com or call our surgery coordinator at 830-816-3838 to select a convenient date. If the date is available we will HOLD THE DATE for you. Please note that we cannot CONFIRM the date until items on the following checklist list are completed.

1. **Labs & Radiology** (please complete lab work before pre-op appointment)
 - Tonsils – CMP, CBC with differential, PT, INR
 - Adenoids – none
 - PE Tubes – none(We will accept labs from other offices as long as they are not over 6 months old)
2. **Medical Clearance** (only **IF** you are over 49 years of age)
 - ECG with interpretation
 - Chest X ray, if indicated
 - Letter of Medical clearance or clearance note faxed to our office at 830-816-3838.
 - This is needed for anesthesia and is to be obtained by your regular doctor.

3. **Pre-op appointment**

1-2 weeks prior to surgery (with PA), unless instructed otherwise by Dr. Atkins or our PA

4. **Financial Responsibility**

Dr. Atkins bills for his services separately from the Surgery Center and Anesthesia. Our billing department will determine your estimated out of pocket expense for Dr. Atkins services. This amount is due on or before your pre-operative appointment. If you have any questions or concerns regarding billing please call our office. The Surgery Center and Anesthesia will contact you regarding their fees. **NOTE: if your insurance requires a pre-authorization this may take as least 3 weeks to obtain, and possible change of your surgery date.**

Please note: if you have any outstanding lab work, pending medical clearance forms, past due balances or we have not been able to confirm/authorize your insurance benefits 2 weeks prior to your surgery date we may have to reschedule your case.

Dr. Atkins and his staff we are happy to assist you through the surgery coordination process. We hope the checklist will ease the process. Please do not hesitate to contact our office if you have any questions or concerns. *Thank you.*

I have read checklist above & understand my surgery may be canceled if there are outstanding items.

Signed: _____

Date:

Print Name: _____

Witness: _____