



Dear Parent of \_\_\_\_\_

We are excited your physician and you have chosen the Indio Surgery Center for your procedure. We pre-register our patient to expedite the process and to make your day of surgery as stress free as possible. **Include in this packet are important documents that you MUST receive, date and sign prior to the date of your procedure.** You will need to bring this letter with you dated and signed when you pre-register. **Failure to comply could result in cancellation of your procedure.** Also, included is a brochure on our facility to familiarize you with the Indio Surgery Center. You will also find directions to our facility in the brochure. Should you have any questions you may call (760) 396-5733. Our office hours are Monday through Thursday 7:30a.m. - 5:00p.m. and Friday 7:30a.m. - 4:30p.m. An Indio Surgery Center staff member will contact you prior to your procedure to review your child's medical history and provide important information concerning the procedure.

Listed below are the documents included in this packet:

- Patient Rights and Responsibility
- Policy in Advance Directive
- Disclosure of Ownership

By signing below, you are acknowledging that you received these requirements **PRIOR to the date of your procedure.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Disclosure Statement**

Dear Prospective Patient: \_\_\_\_\_

We are delighted that you have chosen the Indio Surgery Center for your Dental Surgery.

It is required by California law that we notify you of Dr. Lawrence R. Church 100% ownership in the Indio Surgery Center.

Upon request we will give you information on alternative facilities available to you.

Your signature below will confirm that you been made aware of the ownership interest in this facility.

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

## **Information Regarding Advance Directives**

Advance directives are legal documents that allow you to convey your decision about end-of-life care ahead of time. They provide a way for you to communicate your wishes to family, friends and health care professionals, and to avoid confusion later on.

A living will tells how you feel about care intended to sustain life. You can accept or refuse medical care. there are many issue to address, including:

A durable power of attorney for health care is a document that names your health care proxy. Your proxy is someone you trust to make health decisions if you are unable to do so.

While all these documents play a very important role as to how healthcare decisions are made on your behalf, it is policy of Indio Surgery Center that we do not honor Advance Directive during your episode of care at the facility.

If you have an Advance Directive, please bring it with you for your visit to Indio Surgery Center and we place it in your medical record for reference in the unlikely event you are transferred to the hospital.

If you do not have Advance Directive and would like more information, please contact our office at (760) 396-5733 and we will be happy to provide it for you.