

Patient Discharge Instructions

You have had the following procedure: Lumbar Epidural Steroid Injection

Selective Nerve Root Block	Cervical Epidural Steroid Injection	Other _____
Stellate Ganglion Block	Cervical Facet Injection	Transforaminal Steroid Injection
Lumbar Sympathetic Block	Lumbar Facet Injection	Rhizotomy

Post Procedure Pain:

Soreness at the injection site is expected. This may also lead to localized muscle spasm and pain referred to other areas away from the injection site.

When steroids are used in the injection, soreness may increase over the following 24-72 hours after the procedure. The original pain may return to its former intensity, or occasionally it may be worse soon after the treatment. This may occur even if the pain was completely relieved for a period of time. This can be expected to gradually improve over the next 5 to 10 days.

You may use ice at the injection site rotating each 20 minutes apart. You also may take over the counter analgesics.

You should contact your physician: Dr. Tibor Racz @ 972-572-6101, if the following occurs:

Infection = include fever > 101 degrees, chills, excessive swelling/redness at the wound site

Neurological Changes = new onset of numbness or weakness (that was not present before your procedure), lasting more than 12 hours after your procedure.

Urinary Retention = inability to urinate over 8 hours

Adverse Reaction = Rash, swelling, excessive itching, persistent headaches, nausea & vomiting (if persistent and unable to tolerate clear liquids for over 8 hours), shortness of breath or painful breathing – proceed directly to the nearest Emergency Room

Sedation

Do not drive or operate machinery for 24 hours
Do not sign any legal documents or make any important decisions in the next 24 hours
Do not drink alcoholic beverages for 24 hours, or while taking perscribed medications

Activity

Rest for the remainder of the day after your procedure, resume normal activities the next day
Avoid strenuous activities i.e.: bending, stooping, heavy lifting and prolonged sitting
Avoid using stairwells without assistance the day of your procedure
Walk with assistance until normal sensation returns and weakness is gone

Diet

Resume your normal diet

Medication

Take all prescribed medications as directed. If you take a blood thinner or are on Aspirin, you should resume these medications the next day after your procedure.

If you have been referred for an injection/ procedure and are getting pain medications from the referring physician that physician will continue to prescribe your medication.

Additional controlled medications will not be prescribed over the phone under any circumstances. If additional medication is needed after the procedure, they must be prescribed after evaluation in the physician's office.

Wound Care

Band-aids may be removed the afternoon of your procedure. You may shower 24 hours after your procedure, no bath for 3 days. If catheters or leads are left in place DO NOT change the dressing unless otherwise instructed. Contact Dr.Racz's office if you notice excessive bleeding or signs of infection (fever, swelling, redness, warmth, pus).

I HAVE READ THE ABOVE DISCHARGE INSTRUCTIONS & HAVE NO FURTHER QUESTIONS

Patient Signature _____

Date: _____

Witness Signature _____

Date: _____

Payment Receipt**SELECT PAIN PROCEDURE CENTERS****SWISS AVENUE SURGICENTER, L.P.**

7920 Beltline Road, Ste 940,
Dallas, TX 75254
Ph# 972 234 4740 : : Fax# 972-231-7095

Date: 08/07/2013 Time: 07:53 AM CDT

Card Type: MasterCard
Last 4 Digits of Card: 4413
Authorization Code: 522066
Amount: \$50.00

Patient Account Number: 101011
Patient Name: ROBERT PLOCK
Dates of Service Provided:
Invoice Date: 07/03/2013
Cardholder Name: ROBERT PLOCK

THANK YOU FOR YOUR PAYMENT

Authorization

I agree to pay the above total amount according to the card
issuer agreement.

Signature: _____

Payment Receipt
SELECT PAIN PROCEDURE CENTERS
SWISS AVENUE SURGICENTER, L.P.

7920 Beltline Road, Ste 940,
Dallas, TX 75254
Ph# 972 234 4740 : : Fax# 972-231-7095

Date: 08/07/2013 Time: 07:52 AM CDT

Card Type: MasterCard
Last 4 Digits of Card: 4413
Authorization Code: 521945
Amount: \$100.00

Patient Account Number: 101011
Patient Name: ROBERT PLOCK
Dates of Service Provided:
Invoice Date: 08/07/2013
Cardholder Name: ROBERT PLOCK

THANK YOU FOR YOUR PAYMENT

<p>Authorization I agree to pay the above total amount according to the card issuer agreement.</p>

Signature: _____

Payment Plan Receipt
SELECT PAIN PROCEDURE CENTERS
SWISS AVENUE SURGICENTER, L.P.

7920 Beltline Road, Ste 940,
Dallas, TX 75254

Ph# 972 234 4740 : : Fax# 972-231-7095

Date: 08/07/2013 Time: 07:57 AM CDT

Patient Account Number: 101011
Patient Name: ROBERT PLOCK
Dates of Service Provided:
Invoice Date: 08/07/2013
Cardholder Name: ROBERT PLOCK

Payment Date	Payment Amount	Remaining Balance
		\$368.30
06/30/2014	\$50.00	\$318.30
07/30/2014	\$50.00	\$268.30
08/30/2014	\$50.00	\$218.30
09/30/2014	\$50.00	\$168.30
10/30/2014	\$50.00	\$118.30
11/30/2014	\$50.00	\$68.30
12/30/2014	\$50.00	\$18.30
01/30/2015	\$18.30	\$0.00

THANK YOU FOR YOUR PAYMENT

Authorization

I hereby authorize the electronic withdrawal of funds from my
account in the increments specified above on each
Payment's Due Date.

Signature: _____

SWISS AVENUE SURGICENTER

Dear Patient,

The staff at Swiss Avenue SurgiCenter is dedicated to meeting your healthcare needs. Because your needs are important to us, we commit ourselves to being responsive to your suggestions and comments.

During your stay with us if you have a problem, complaint, question or compliment, feel free to contact me at 214-821-2001. We would appreciate your input in our continued effort to provide excellent service. We look forward to all opportunities to improve our services and hope we will continue to be your choice for ambulatory care.

If you feel that a complaint warrants the attention of Texas Department of State Health Services, you may contact TDH in writing or by phone. TDH is the responsible agency for ambulatory surgical center investigations. You can direct your complaint to the Texas Department of State Health Services, Health Facility Licensing and Compliance Division, 1100 West 49th Street, Austin, Texas 78756, (888)973-0022.

Thank you for choosing Swiss Avenue SurgiCenter. We consider it an honor to help provide for your healthcare needs.

Sincerely,

Cynthia Gamino
Administrator

4103 Swiss Ave, Ste B
Dallas, TX 75204
Ph: 214-821-2001
F: 214-821-2047

cc: 806

789 707

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1.00-8/7/2013

- E. **USES OR DISCLOSURES REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.
- F. **PATIENT AND THIRD PARTY PROTECTION:** Only as permitted by law, we may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- G. **LAW ENFORCEMENT/NATIONAL SECURITY:** We may release medical information if asked to do so by a law enforcement official or in response to a court order, subpoena, warrant, summons or similar process. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- H. **APPOINTMENT REMINDERS/FOLLOWUP:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail, postcards, or letters).

PATIENT RIGHTS:

- A. **ACCESS TO RECORDS:** You have the right to inspect and copy your medical and billing records. To inspect and/or to receive a copy your medical records, you must submit your request in writing to Select Pain & Treatment Centers, 1778 Plano Rd. Ste. 300, Richardson, TX 75081 or in person with proof of a valid identification.
- B. **ACCOUNTING OF CERTAIN DISCLOSURES:** Upon written request, you have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and other activities authorized by you, for the last 6 years, but not before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable, cost-based fee. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- C. **RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. You also have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you at work or by mail.
- D. **AMENDMENTS TO YOUR RECORDS:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Such requests must be made in writing, and must explain why the information should be amended. We may deny your request under certain circumstances.
- E. **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed below. You may also submit a written complaint with the U.S. Department of Health and Human Services.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

Please direct any of your questions or complaints to:

Contact: HIPAA Officer
Telephone: 972.234.4740
Address: Select Pain & Treatment Centers
7920 Beltline Road, Suite 400
Dallas, TX 75254

PATIENT RESPONSIBILITIES

Provision of Information

The patient has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. He/she has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. The patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.

Compliance with Instructions

The patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable Center rules and regulations. The patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying the responsible practitioner or the Center.

Refusal of Treatment

The patient is responsible for his actions if he refuses treatment or does not follow the practitioner's instructions.

Surgery Center Charges

The patient is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible.

Surgery Center Rules and Regulations

The patient is responsible for following Center rules and regulations affecting patient care and conduct.

Respect and Consideration

The patient is responsible for being considerate of the rights of other patients and the Center personnel, and for assisting in the control of noise, smoking and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the Center.

06/01/2004