

INLAND SURGERY CENTER

an affiliate of **SCA**

1620 Laurel Ave, Redlands, Ca 92373

Dear Patient:

We are pleased that your physician and you have chosen Inland Surgery Center for your procedure.

We ask that you review all of the material carefully. Please complete the required forms and bring them with you, to our facility, on or before the date of your surgery. Our clinical staff will be contacting you regarding pre-operative instructions a few days prior to your procedure. Our Business Office staff will contact you regarding your insurance coverage and responsibilities.

Should you have any questions regarding the enclosed material, please feel free to contact us at (909) 793-4701.

Sincerely,

Inland Surgery Center

IMPORTANT: PLEASE REVIEW ALL ENCLOSED MATERIAL AND SIGN THE REQUIRED FORMS PRIOR TO YOUR DATE OF SURGERY.

PLEASE BRING THESE FORMS ALONG WITH:

- Photo Identification
- All active medical insurance cards.
- Completed Medical History form.
- Signed Attestation form.