Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

Installation : _____

INFORMATION SHEET
ENHANCED RECOVERY AFTER SURGERY (RAAC)

Your surgery: _____

Date and time of your surgery: yyyy/mm/dd hh:mm

Location of your surgery: _____

Your surgeon: _____

IMPORTANT: FOLLOW THE CHECK-MARKED INSTRUCTIONS

☐ Appointment in Internal Medicine (before your surgery) on: yyyy/mm/dd
☐ Stop medication: _____
_____ days before surgery
☐ Bowel preparation the day before surgery (see attached sheet)
☐ Stop eating as of midnight
☐ Water is allowed up to 6 a.m.
☐ Take these medications the morning of your surgery:

_____
_____
_____
_____

☐ No medication the morning of your surgery
☐ Bring urine sample the morning of your surgery
☐ Bring the CD of your radiology reports
☐ Bring your sleep apnea machine (CPAP)

Feel free to call the preadmission clinic nurse as needed:
Hôpital du Suroît: 450-371-9920
Surgical preadmission clinic: ext. 2150

Name of nurse in the preadmission clinic:

_____