



# Please review your procedure packet prior to your appointment.

Your procedure appointment scheduled in Flagstaff on:

With:

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**Arrival times often change. The surgery center will confirm your arrival time, often this occurs the day prior to your procedure.**

## **Location:**

### **Surgery Center at Flagstaff Bone and Joint**

501 N Switzer Canyon Dr

Flagstaff, AZ 86001

928.440.4610

Your follow up appointment is scheduled for:

With:

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**Δ Flagstaff**

525 N Switzer Canyon Dr.  
Flagstaff, AZ 86001.

**Δ Kingman**

2331 Hualapai Mountain Rd. Ste A.  
Kingman, AZ 86401

**Δ Cottonwood**

480 S. Willard St.  
Cottonwood, AZ 86326

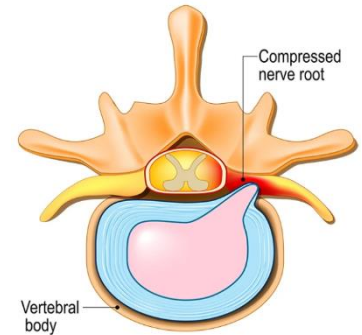
**Δ Televisit**

## Preparing for Injection

Preparing for your injection procedure is essential to **ensure your recovery is a positive experience** and leads to a better quality of life. You should expect improvement in your spine-related pain after your injection; however, some patients may experience a mild increase in post-procedure pain. Our goal at Flagstaff Bone and Joint is to help you have the best possible experience and result. **We have prepared this document for you to read and review** to gain a better understanding of what to expect and how to prepare for your injection. Your commitment, involvement, and dedication will be vital to a successful outcome from your procedure.

## Spine Injections

Spine conditions such as, but not limited to, herniated discs, spinal stenosis, sciatica, and facet joint or SI joint arthritis may cause spine pain and/or pain that travels into the arms or legs. To help reduce pain and inflammation, corticosteroid medication can be injected around affected nerve roots or joints in the spine and are performed under real-time x-ray guidance (fluoroscopy).



HERNIATED DISC

## Transforaminal Epidural Steroid Injections (TFESIs)

TFESIs involve placing corticosteroid medication around a pinched or compressed nerve in the region where the nerve root exits the spine.

## Facet & SI Joint Injections

Corticosteroid medication can be placed into the facet or SI (sacroiliac) joint(s) of the spine to help with pain relief. Both facet joints and SI joints are innervated with sensory nerves which can send pain signals to the brain. Facet joints connect one vertebra to another and allow your spine to bend, twist, and extend. SI joints connect the pelvis to the spine.

## Side Effects & Risks

As with any procedure, there are potential side effects and risks with injection procedures involving the spine. Side effects associated with spine injections are usually temporary and are tolerable. Possible side effects include, but are not limited to, nausea, headache, dizziness, fainting, and warmth or flushing of the face. The most common risk is your injection procedure does not provide meaningful or lasting pain relief. Serious complications are rare and may include infection, localized bleeding or blood clot, nerve damage, or other severe complications which could result in death. Your provider team will review your medical history to reduce these risks. If you have any questions or concerns, please address them with your physician.

## Recovery

The benefits of the injected corticosteroid medication may take up to 2 weeks to take full effect. A numbing medication is also given at the time of your injection procedure. It is normal for the numbing medication to wear off before the corticosteroid medication provides relief. It is also normal for your pain to return or to experience some soreness after your injection until you start to feel relief. If you are diabetic, you may see an increase in blood glucose following a corticosteroid injection. You will have an office visit with your physician to follow-up on the success of the injection performed.

## Support System

Arrange for a **responsible adult to assist you** throughout this process. Choose someone who can attend office visits, take you home after your procedure (if sedation is required), and help you once you've returned home if needed. Share the information in this document with anyone who is supporting you for your procedure.

# Scheduling

You may be given a tentative appointment time at time of scheduling your procedure. There are often occasions when your procedure time may be changed, should this occur, the Surgery Center will contact you of this change 24-48 hours prior to your procedure.

Our scheduling team will check eligibility and authorization with your insurance company. Please ensure you have up to date contact information in your chart so we can reach you effectively. If you are scheduled for a COVID-19 vaccine, please let our staff know so we can schedule you accordingly. Vaccine and injection procedures must be at least 3 days apart.

# Medical History

It is important to share your up-to-date medical information with your physician. You will be asked to confirm what medications you are taking and if you have any health-related problems.

## You may be asked the following medical history questions:

- Do you have any health problems such as:
  - Diabetes, heart disease, high blood pressure (hypertension)
  - Current dental (teeth/mouth) infections
  - History of pulmonary (lung) disease
  - History of a deep vein thrombosis (blood clot) or pulmonary embolism (blood clot in lung)
  - Bleeding disorders and/or taking anti-coagulant medication (Coumadin, Eliquis, etc.)
  - Kidney disorder or Autoimmune disorder

# Medications

**Inform our office** of all medications (and supplements) you are taking. Certain prescriptions, over-the-counter medications, herbal supplements, and vitamins can interfere with your procedure and need to be adjusted or held for a period of time. The biggest concern is medications/supplements that increase bleeding resulting in poor healing, excess pain, and a higher risk for infection or other complications. Certain medications or supplements may need to be out of your system prior to your injection procedure. **Refer to list below for medications of concern and timelines.**

## Anti-Inflammatories (NSAIDs)

If you are having an epidural steroid injection in the neck (cervical) or upper back (thoracic) region, **STOP** taking any of the following for at least **5 days prior** to your injection procedure: Aspirin, Advil, Aleve, Celebrex, Excedrin, Ibuprofen, Motrin, Naproxen, Meloxicam, Omega 3 (fish oil, flaxseed oil, etc.), Vit E, St. John's Wort, or Ginko, **If another physician has instructed you to take any of these medications, do not discontinue them until you've discussed with your prescribing physician.**

## Blood Thinners (Aspirin, Coumadin, Plavix, Xarelto, Eliquis, etc.)

Hold taking blood thinners as directed by your prescribing physician prior to your procedure **only if** you are having an epidural steroid injection in the neck (cervical) or upper back (thoracic) region. **DO NOT** stop taking prescribed blood thinners prior to other spine injection procedures such as medial branch blocks, radiofrequency ablations, or epidural steroid injections into the lumbar spine.

## Steroids or Antibiotics

If you are taking steroids (e.g. prednisone, methylprednisolone) or antibiotics (e.g. amoxicillin, penicillin, doxycycline), please **inform** the Surgery Center at Flagstaff Bone and Joint at (928) 440-4610.

# Sedation

**Conscious sedation**, also known as “twilight sleep”, is a type of sedation to help reduce the anxiety and pain associated with procedures. If you undergo conscious sedation, you will be given a combination of medications during your procedure to help you relax and to block pain. During conscious sedation, you will most likely feel relaxed while remaining awake and responsive. You may also feel sleepy or even fall asleep while sedated. Discuss with your physician if conscious sedation is recommended for your procedure.

## INSTRUCTIONS if undergoing conscious sedation:

- Do NOT eat or drink anything 6 hours before your arrival time (including coffee, gum, or hard candy). Sips of water up to 2 hours prior to procedure is okay.
- You MUST arrange for a responsible adult caregiver to assist you the day of your procedure and drive you home afterwards. Sedation may temporarily impair your judgment, perception, and dexterity.
- YOUR CAREGIVER SHOULD STAY WITHIN A SHORT DISTANCE OF THE FACILITY WITH ACCESS TO THEIR PHONE THE DAY OF PROCEDURE.

If you do **NOT** undergo conscious sedation: eat and drink per usual, and you may drive yourself home.

## Day Before Injection

- Take all routine medications except those you’ve been advised to STOP before your procedure. If there is any question about which medications to take, please check with our office at (928) 773-2280.
- If you come down with a cold, fever, rash, or any other medical problem close to your injection date, please notify the Surgery Center at Flagstaff Bone and Joint at (928) 440-4610 to be safely rescheduled.
- Gather everything you need to bring with you to the surgery center:
  - Cases for contact lenses, glasses, or dentures
  - Photo ID and Insurance Card
  - Tote bag for all your belongings

## Day of Injection

- Freshly bathe or shower prior to your procedure. This will reduce your risk of infection.
- **DO NOT APPLY ANY MAKEUP, MASCARA, FINGERNAIL POLISH, BODY LOTION, DEODORANT, POWDER, OR HAIR PRODUCTS.**
- Wear freshly washed, comfortable, and loose-fitting clothing. DO NOT wear any jewelry.
- Bring your Photo-ID, Insurance Card, cases for contacts, glasses, etc., and tote bag for belongings.
  - **DO NOT bring any valuables** with you to your procedure.
- Follow your doctor’s instructions regarding medication prior to your procedure.
- The morning of your procedure, take allowed medications (including blood pressure medications) with a small sip of water (unless instructed not to by the nurse during your pre-procedure phone call).
- If you are diabetic; take your oral diabetic medications and insulin per your prescribing physician’s orders (unless directed otherwise during your pre-procedure phone call with the nurse). Bring your diabetic medication with you.
- Use inhalers as usual and bring inhalers with you on the day of your procedure.
- You **must show up early to your procedure**, please refer to the time given to you by the surgical facility.
- **Patients under the age of 18** must arrange to be accompanied by a custodial parent or legal guardian.
- If you are undergoing Conscious Sedation and you eat or drink anything (this includes gum, lozenges, hard candy) before your procedure time, your procedure will be cancelled or significantly delayed.

## After Injection

After your injection procedure is completed, you will be discharged home once we are sure you are stable and comfortable. If conscious sedation was given, a sedation nurse will gradually bring you out of sedation and monitor your vital signs.

**If you received sedation, do not** drive a car, operate machinery, drink alcoholic beverages, make important decisions, or sign legal documents for 24 hours after your procedure.

**If you experience a headache**, drink fluids (Powerade, etc.) and take caffeine. Although headaches can make you feel terrible, they are usually not dangerous. If you have a headache that continues for more than 48 hours please contact our office.

**Take your normal medications** as prescribed by your doctor. Prescription blood thinners and over the counter NSAIDs (such as ibuprofen, Advil, naproxen) may also be resumed.

**No submerging in water** (bath, hot tub, Jacuzzi, swimming pool) for **2 days** after injection. It is okay to remove the dressing/bandage and shower the day after your injection.

Call our office immediately if you experience any of the following:

- Chills or fever above 100.5 °F
- Trouble breathing or chest pain.
- Severe nausea, vomiting, rash, and/or itching.
- Signs or symptoms of infection including excessive redness, drainage, or significant swelling.

Flagstaff Bone & Joint:  
(928) 773-2280

## Apply Ice After Injection

After injection, apply ice to the area for 15-20 minutes at a time (placing a thin cloth between the ice and your skin to protect your skin). Remove the ice for another 15-20 minutes before icing the area again. **Repeat** icing for ~20 minutes on, and ~20 minutes off for a period of 2 hours after injection. Icing for 15-20 minutes at a time may be continued throughout the week as needed.

## Activity

For the first 6-8 hours after your injection procedure, gradually increase activity with assistance, as tolerated. For 2-weeks after your procedure, avoid heavy lifting, but continue any stretching programs given to you by your physical therapist.

# Pain Diary

**If you had a diagnostic block of your facet joint(s), complete the pain diary below.**

\*Please **wait 6-hours after procedure** prior to taking any anti-inflammatory medications or pain medications.

Procedure Time: \_\_\_\_\_

Pain scale PRIOR to procedure (1-10): \_\_\_\_\_

Pain scale IMMEDIATELY AFTER procedure (1-10): \_\_\_\_\_

**Pain Scale:**

0 = no pain

10 = worst pain possible

## Complete the Pain Diary Below

Place a checkmark under “better, same, or worse” and record what % relief you’ve had at each time interval after your injection procedure. **Relief % Scale:** 0% = no relief → 100% = complete relief.

Time after procedure	Better	Same	Worse	% Relief (0-100%)	Comments
1 hour					
2 hours					
4 hours					
6 hours					
8 hours					
12 hours					
1 day					
2 days					
3 days					
4 days					
5 days					
6 days					
1 week					
2 weeks					

Patient Signature: \_\_\_\_\_

Signed by Witness: \_\_\_\_\_

## Patient Responsibilities Prior to Surgery

**\*\*Failure to complete and follow the below instructions will result in your surgery being cancelled. You will also incur a \$200 late surgery cancellation fee\*\***

1. When your decision to have surgery has been made, your surgery scheduler and/or medical assistant will provide you with orders for pre-op testing. This may include bloodwork and an EKG. All pre-op testing must be completed three days prior to your pre-op appointment.
2. If your surgery does not require a pre-op appointment, all your pre-op testing must be completed no later than three weeks prior to your surgery date.
3. If your provider, based on your medical history, determines that special clearances are required (cardiac, pulmonary, PCP), those clearances must be completed prior to your surgery being scheduled.
  - a) Occasionally, the results from your standard pre-op testing may necessitate further special clearances. In those cases, your surgery may be rescheduled until you can obtain the necessary clearance.
4. Any surgery cancelled within 21 days of the surgery date will be charged a \$200 late surgery cancellation fee. Dr. Meier and Dr. Swain procedures must be cancelled 3 calendar days in advance, or the \$200 fee will also apply. This fee must be paid prior to rescheduling surgery.
5. Some patients will be required to arrive at the surgery center very early in the morning. We do not have flexibility with this timeframe. If patients are unable to arrive at their designated check-in time, their surgery will be cancelled, and they will incur a \$200 late surgery cancellation fee.
6. Most patients are required to fast starting at 12am (midnight) on the day of their surgical procedure. This means no food or drink including mints, gum, or water.
7. For total knee replacement patients only: You are required to make arrangements to begin a physical therapy appointment program **to start 3-5 days after your total knee replacement.** You must schedule your post op physical therapy treatment program well in advance of your surgery.
8. If you are scheduling your surgery in the winter months, when adverse weather conditions are consistent, please provide 5 days' notice to cancel your surgery if you feel travel will be unsafe.

## Surgical Financial Policy

Surgery is a big step, and we are here to make you feel comfortable throughout the entire process. At Flagstaff Bone and Joint, we respect your need for certainty regarding your decision to schedule a procedure/operation. The administrative work involved in booking a procedure is extensive. Just as you would like to be certain of your choice, we also need to know that your decision is well thought out and secure. When you make the decision to move forward, there are a few things you should know.

### Financial Policy:

- **If you are “Self-pay” (no insurance), payment in full is required for all elective procedures** no later than 14 days prior. If you are scheduled within 14 days, payment in full is required at the time of scheduling.
- **Post-Operative “global care” visits are included for office follow-up care from 10-90 days (depending on type of surgery/procedure) beginning the date of surgery.** Note: global care does not cover x-rays, DME (durable medical equipment) or Physical Therapy and you may be subject to co-pays, coinsurance, or deductibles.
- **You will receive separate bills from the hospital, anesthesia, pathology, and ancillary providers (assistants/co-surgeons).** Pre-payments and discounts negotiated between you and the surgical facility are distinct and separate from services provided and billed by Flagstaff Bone and Joint.
- **If you would like to receive an estimate of out-of-pocket expenses:**  
*Contact our billing office at 928-214-2890 or send us a message through the patient portal.  
For Anesthesia/Surgical facility estimates- See Facility Contact Information on next page.*

### Late Reschedule/Cancellation Policy:

A reschedule/cancellation fee of **\$200.00** will be billed to you or deducted from your deposit if cancellation or reschedule occurs **less than 21 business days from surgery date.**

Note: *Dr. Marshall Meier and Dr. Nathan Swain require notification of cancellation no less than 3 business days prior to procedure, or the fee will be applied.*

### Additional Information:

Due to anesthesia requirements for certain in-patient procedures, you may be required to obtain a chest x-ray, EKG, Hemoglobin A1c and/or other lab work to assure you are a fit candidate for surgery. Medicare does not cover these tests if patients do not exhibit certain medical conditions as indicated in your medical history. In some cases, you may receive a bill from the facility for these tests. We simply want you to be aware of the possibility of these costs, please contact the facility where you get these tests done at for any billing questions.



## Facility Contact Information

If you are interested in assessing the cost of the facilities, or the providers that are not employed by Flagstaff Bone and Joint, but may be involved in your care, listed below are the most common contacts:

### Facility Contacts:

- **The Surgery Center at Flagstaff Bone & Joint (SCFBJ)** [www.fbjasc.com](http://www.fbjasc.com)
  - **Pre-surgical cost estimates, contact the surgery center directly-** 928-440-4610
  - **Claim or patient invoicing questions contact NSN Billing-** 928-228-0080
  - **Anesthesia billing - National Partners in Healthcare:** (480) 820-0627
- **Northern Arizona Healthcare (NAH) surgical facilities:**
  - Flagstaff Medical Center (FMC)**
  - Northern AZ Health Orthopedic Surgery Center (NAHOSC)**
  - The Ambulatory Surgery Center at FMC (TASC)**
    - 928-773-2290 - Surgical Registration
    - 928-639-5042 - Pricing Estimates
    - 928-773-1848 - Billing Statement Questions
  - **Northern Arizona Anesthesia – FMC, NAHOSC, NASC, TASC**
    - 928-649-7901** – Estimates only
    - 855-681-8988** -- Billing statement questions
- **Arizona Specialty Hospital (AZSH) - 602-797-7775**
  - **Valley Anesthesiology Consultants – AZ Specialty Hospital only**  
888-233-8826
  - **Hospitalist Group is Alliance I.A. (the Providers that treat you at AZ Specialty Hospital)**  
480-961-2303

### Provider Contacts: (billed separately from Flagstaff Bone & Joint):

- **Daniel Wesche, MD** (*Co-surgeon for Dr. John Hall*)
  - Flagstaff Surgical Associates - 928-773-2222
- **Nate Moss, Amanda Matje, Trisha Hutton** (*1<sup>st</sup> assists*)
  - E&A Medical Billing – 602-443-2332
- **Mike Browne** (*1<sup>st</sup> assist*)
  - Hernandez Healthcare Billing – 928-779-4404
- **Aaron Shaw, PA-C** (*1<sup>st</sup> assist*)
  - NeuroFit Health PLLC – 928-863-8988
- **Jessica Diefenbach, NP** (*1<sup>st</sup> assist*)
  - NIFA Medical Billing— 760-731-0313 (ext 208)
- **Evenstar Forbach, DNP, ACNP, RNFA** (*1<sup>st</sup> assist*)
  - Vascular Surgery Specialists— 602-279-7430

### **Who will be billing for my procedure?**

1. **Physician's charge:** When an FBJ physician performs a surgery or procedure at a surgical facility outside our office, the physician's bill will be for their professional services, direction, and oversight. *These will be billed directly by FBJ.*
2. **Surgical Facility charge (SCFBJ-FMC-NAHOSC-AZSH):** Whether your surgery is being performed at the hospital as in-patient or out-patient, or being performed at an ASC, the surgical facility will bill for their technical resources to include equipment, medications, and supplies.
3. **Anesthesia charge:** Typically, anesthesiologists are not employed by the servicing facility and will bill for their professional services separately.
4. **Surgical Assist charge:** If a Physician Assistant (PA) surgical assist is employed with FBJ, their professional service will be billed along with the physician's charge. All other PA surgical assists that are coordinated for your care, that are not employed by FBJ, will bill your insurance independently.
5. **Hospitalist's charge:** If you are scheduled for an in-patient procedure, you may encounter a Hospitalist during your stay. A Hospitalist is typically not employed by the servicing facility but provide general medical care to hospitalized patients. A Hospitalist may be assigned to "round" during your stay and will coordinate your needs when your surgeon is unavailable. If applicable, Hospitalists will bill your insurance independently as well.

### **How do I receive an estimate for out-of-pocket costs?**

Refer to our Facility Contact Information page for the phone numbers related to the facilities and teams that may be involved in your care. Each location will be happy to provide you with a pre-procedure cost estimate.

### **Pre-paid deposits: Where did my payment go?**

For some patients with a high out of pocket expense, a physician or servicing facility may require a deposit based on their out-of-pocket cost estimates prior to scheduling or performing a service.

Deposits made to a physician or facility are not reported to your insurance carrier as they are "good faith" pre-payments.

Your insurance does not make a final determination of your financial responsibility until they have received a claim. Your insurance will process claims based on a first come, first served basis. It is important that you receive the explanation of benefit from your insurance before you can see exactly how much your insurance paid a healthcare service entity and what your out-of-pocket responsibility will be. Any deposits made to a physician or facility are not jointly shared and are not transferrable from one entity to another. If you are due a refund from your deposit, you must contact the physician or facility to which the deposit was made.

**If you plan to have someone help you during your post-op period and want to authorize them to have the ability to receive care instructions or communicate to us on your behalf, please complete the attached form to authorize this, and submit it back to our office prior to your procedure.**

**Thank you**

Patient Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

**A) I hereby authorize records FROM:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**B) To be released TO:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone# \_\_\_\_\_ FAX# \_\_\_\_\_

**C) For the purpose of:**

- |  |   |
|--|---|
| <input type="checkbox"/> Litigation<br><input type="checkbox"/> Insurance<br><input type="checkbox"/> Self/Personal Copy<br><input type="checkbox"/> Transferor Continuity of Care | <input type="checkbox"/> Disability<br><input type="checkbox"/> Work Comp<br><input type="checkbox"/> Other |
|--|---|

Date Range \_\_\_\_\_ to \_\_\_\_\_

<input type="checkbox"/> Physician Office Notes	<input type="checkbox"/> Cardiology/EKG Reports
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Lab/Path Reports
<input type="checkbox"/> Operative/Procedure Reports	<input type="checkbox"/> Radiology/XRay/MRI Reports
<input type="checkbox"/> Other _____	<input type="checkbox"/> Minimum Necessary

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the authorized individual or organization making disclosure.

I understand that the information in my medical record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Medical Records Department. I understand that the revocation **will** not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

**I have read the information provided on this release form and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Patient/Parent/Guardian or Authorized Representative) **\*\*Subject to Fees**

This authorization will expire one year from the above date unless I specify an expiration date: \_\_\_\_\_  
(Expiration date of authorization)

**\*PLEASE READ Fee Information:** Flagstaff Bone & Joint contracts with ScanSTAT Technologies to copy and provide all medical records requested from our office. We reserve the right to charge the medical record state fee structure as set forth in the state statute. Copy charges plus postage will be invoiced to you from ScanSTAT Technologies, LLC with all necessary directions to receive your records. By signing this authorization, you are agreeing to pay ScanSTAT Technologies for your records. In the case of continuity of care or personal copy to patient, we may transfer a minimal portion of your records as a courtesy.