

## Our Surgical Facilities

Surgery Date \_\_\_\_\_ Time to Arrive at Surgical Facility \_\_\_\_\_

### **NORTHERN VIRGINIA SURGERY CENTER**

**3620 Joseph Siewick Drive, Suite 202**

**Fairfax, VA 22033**

**(703) 766-6960**

As soon as you have a surgery date please register with the surgical facility by:

- 1) Go to website: [www.fairoakssc.com](http://www.fairoakssc.com)
- 1) Select "medical history" on the home page
- 2) Click the [www.onemedicalpassport.com](http://www.onemedicalpassport.com) link
- 3) On the One Medical Passport login page, check the box to accept the Terms of Use and click "Register"
- 4) Complete the registration and medical history screens, click finish to submit your Medical Passport to the medical facility

### **RESTON SURGERY CENTER**

**Parkway Medical Tower, Suite G100**

**1860 Town Center Drive**

**Reston, VA 20190**

**(703)639-3100**

As soon as you have a surgery date please register with the surgical facility by:

- 1) Go to [www.restonsurgerycenter.com](http://www.restonsurgerycenter.com)
- 2) Click PRE-REGISTER TODAY button
- 3) Enter your clinical history into an online form
- 4) You will need the following information: name of doctor, date of procedure, name of person driving you home, name of person caring for you at home after the surgery, name and dosage of all medications, dates and descriptions of past surgeries and hospital admissions.

### **INOVA FAIR OAKS HOSPITAL**

**3600 Joseph Siewick Drive**

**Fairfax, VA 22033**

**(703) 391-3600**

Website: <http://www.inova.org/patient-and-visitor-information/facilities/inova-fair-oaks-hospital/index.jsp>

The pre-surgical nurses will contact you via email and phone to ensure proper registration.

### **SUBURBAN OUTPATIENT SURGERY CENTER**

**6420 Rockledge Drive, Suite 2100**

**Bethesda, MD 20817**

**(301) 896-6700**

[www.suburbanhospital.org](http://www.suburbanhospital.org)

Before your surgery within a week of your surgery date, a registered nurse from the Surgery Center will call you to obtain a medical history and give you instructions specific to your surgery.

Patient Initials: \_\_\_\_\_