**Patient Checklist**  For Fairview Southdale Hospital

Name: ___________________________ Surgery date: __________ Time: _________

Please check in at the welcome desk, located in the Skyway Lobby, at: __________ a.m./p.m.
*If you are coming in for a C-section, please go to the Birthplace on the 2nd floor to check in.*

Please do the following

☐ See your family doctor for a physical exam within 30 days before surgery.
   If you do not, we may have to reschedule. Please ask your doctor to:
   
   • Complete a History and Physical form (enclosed). Have your doctor send the form to Fairview Southdale Hospital.

   • Fill out the medicine sheet on the right. It’s important that you know what medicines you can and cannot take before surgery.

☐ Register with the hospital 10 days before your surgery date. Have your insurance card ready.

   • To register by phone:
     Call 612-672-2000 (Monday through Friday, 8 a.m. to 8 p.m.).

   • To register online:
     Go to www.fairview.org/reg and choose Fairview Southdale Hospital.

☐ If you will have same-day surgery, you must arrange for:

   • A family member or friend to drive you home.

   • A responsible adult to stay with you the night after surgery. We will ask this person to listen to your discharge instructions.

☐ Follow the steps on how to get ready for surgery. (See back of page.) A nurse will call you at home with more information.

**Medicine sheet**

Stop taking these medicines before your surgery:

_________________________ Stop date: ________

_________________________ Stop date: ________

_________________________ Stop date: ________

_________________________ Stop date: ________

_________________________ Stop date: ________

_________________________ Stop date: ________

_________________________ Stop date: ________

_________________________ Stop date: ________

_________________________ Stop date: ________

Take these medicines (with a little water) on the morning of surgery:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Getting ready for surgery

Read the brochure Before Your Surgery: For Patients and Visitors at Fairview.

The day before surgery:
• Do not drink alcohol.
• Do not take over-the-counter drugs.
• Eat a normal meal the night before surgery (unless your doctor tells you otherwise).

The day of surgery:
• Stop all solid foods 8 hours before surgery.
• You may drink clear liquids up to 4 hours before surgery. These include water, soda pop, apple or cranberry juice, and black coffee or tea.
• Take your prescription medicine as directed by your doctor. You may take it with a small amount of water.
• Take a shower or bath. Remove any makeup, nail polish, deodorant, perfume, cologne and scented lotion.
• Bring your prescription insurance card, a list of your medicines, co-pays for any medicines you might need and money for parking. Leave jewelry and valuables at home.
• Bring any papers your doctor gave you.

If you have questions about these instructions, please call 952-915-8755 during normal business hours.

Parking in Skyway Ramp

The Skyway Ramp on the corner of France Avenue South and 65th Street. Walk across the skyway to the hospital and the Skyway Lobby.

Please note: The Skyway Ramp is open from 4 a.m. to 10 p.m. If you will arrive outside of these hours, park in the East Ramp. Then, walk through the hospital to the Skyway Lobby.

Valet parking

You may use valet parking Monday through Friday, from 6 a.m. to 6 p.m. Go to Door 2 at the Skyway Lobby. To reach the valet, call 952-915-8898.

The cost is $5 per use. If you leave your vehicle for more than 24 hours, the cost is $5 per day. We accept cash, Visa, MasterCard and Discover.

Going home after surgery

If you will go home on the same day as your surgery: Your friend or family member can pick you up on the south side of the Skyway Lobby. We will take you to the door. You do not have to walk through the lobby.

If you will stay the night at the hospital: Pick-up is at the Crosstown Lobby. This is on the north side of the hospital, facing Crosstown Highway 62. We will take you there.

For copies of this and other surgery forms, go to www.southdale.fairview.org/surgeryinfo
Before Your Surgery

For Patients and Visitors at Fairview

Welcome

As you get ready for surgery, you may have a lot of questions. This brochure will help you know what to expect before and after surgery.

You and your family are the most important members of your health care team. You will need to take an active role in your care. Be sure to ask questions and learn all that you can about your surgery. If you have any safety concerns, we urge you to tell a nurse as soon as possible.

If your child is having surgery, please ask for a copy of “Preparing Your Child for Surgery: A Parent’s Guide to Surgery and Anesthesia.”

Within 30 days of surgery

☐ Have a physical exam. If your surgeon’s office gave you a form for your doctor to complete, please bring this to the exam.

Ask the doctor to send all of your results to the hospital before the surgery. The doctor also may ask you to bring the results with you on the day of surgery.

Tell the doctor if:

- You are allergic to latex or rubber. (Latex and rubber gloves are often used in medical care.)
- You are taking any medicines (including aspirin), vitamins or herbal products. You may need to stop taking some medicines before surgery.
- You have any medical problems (allergies, diabetes or heart disease, for example).
- You have a pacemaker or an AICD (automatic implanted cardiac defibrillator). If you do, please bring the ID card with you on the day of surgery.
- You are a smoker. People who smoke have a higher risk of infection after surgery. Ask your doctor how you can quit smoking.

Getting ready for surgery

Always follow your surgeon’s instructions. If you don’t, your surgery could be canceled. Please use the following checklist.

This brochure is for information only. It does not replace the advice of your doctor. Always follow your doctor’s advice.

Please tell us if you need a language interpreter.
☐ Pre-register with the hospital. Please use the hospital’s phone number listed on the back of this brochure. Or, to register online, go to www.fairview.org/reg. (Note: Hibbing do not have online registration at this time.)

☐ Call your insurance company. Ask if you need pre-approval for your surgery. If you do not have insurance, please let us know.

☐ Arrange for someone to drive you home after surgery. If you will have same-day surgery, you may not drive or take public transportation or a cab by yourself.

☐ Arrange for someone to stay with you for 24 hours after you go home. This person must be a responsible adult, 18 years or older.

The day before surgery

☐ Call your surgeon if there is any change in your health. This includes signs of a cold or flu (such as a sore throat, runny nose, cough, rash or fever).

☐ Do not smoke, drink alcohol or take over-the-counter medicine (unless your surgeon tells you to) for 24 hours before and after surgery.

☐ If you take prescribed drugs: You may need to stop them until after the surgery. Follow your doctor’s orders.

☐ Follow your surgeon’s orders for eating and drinking. You need to have an empty stomach before surgery. This will make the surgery as safe as possible. If you don’t follow your doctor’s orders, your surgery could be changed to another date.

☐ Take a shower or bath the night before surgery. Use antiseptic soap or the soap your surgeon gave you. Gently clean the skin. Do not shave or scrub your surgery site.

A nurse may call you within a few days of surgery to go over these and other instructions.

The day of surgery

☐ Take a shower or bath in the morning. Use antiseptic soap or the soap your surgeon gave you. Gently clean the skin. Do not shave or scrub your surgery site.

☐ Please remove deodorant, cologne, scented lotion, makeup, nail polish and jewelry (including rings and body piercings). If you wear fake nails, please remove at least one nail before coming to the hospital.

☐ Wear clean, loose clothing to the hospital.

☐ Bring these items to the hospital:
  - Your insurance card.
  - Money for parking and co-pays (for medicines or the surgery), if needed.
  - A list of all the medicines you take. Include vitamins, minerals, herbs and over-the-counter drugs. Note any drug allergies.
  - A copy of your advance health care directive, if you have one. This tells us what treatment you would want—and who would make health care decisions—if you could no longer speak for yourself. You may request this form in advance or download it from www.fvfiles.com/1628.pdf.
  - A case for any glasses, contact lenses, hearing aids or dentures.
  - Your inhaler or CPAP machine, if you use these at home.

Leave extra cash, jewelry and other valuables at home.
When you arrive

When you get to the hospital, you will:

• Check in. If you are under age 18, you must be with a parent or legal guardian.

• Sign consent forms, if you haven’t already. These forms state that you know the risks and benefits of surgery. When you sign the forms, you give us permission to do the surgery. **Do not sign them unless you understand what will happen during and after your surgery.** If you have any questions about your surgery, ask to speak with your doctor before you sign the forms. If you don’t understand the answers, ask again.

• Receive a copy of the Patients’ Bill of Rights. If you do not receive a copy, please ask for one.

• Change into hospital clothes. Your belongings will be placed in a bag. We will return them to you after surgery.

• Meet with the anesthesia provider. He or she will tell you what kind of anesthesia (medicine) will be used to keep you comfortable during surgery.

Remember: It’s okay to remind doctors and nurses to wash their hands before touching you.

In most cases, your surgeon will use a marker to write his or her initials on the surgery site. This ensures that the exact site is operated on.

For safety reasons, we will ask you the same questions many times. For example, we may ask your name and birth date over and over again.

Friends and family can stay with you until it’s time for surgery. While you’re in surgery, they will be in the waiting area. Please note that cell phones are not allowed in some patient care areas.

If you have questions about what will happen in the operating room, talk to your care team.

After surgery

We will move you to a recovery room, where we will watch you closely. If you have any pain or discomfort, tell your nurse. He or she will try to make you comfortable.

If you are staying overnight, we will move you to your hospital room after you are awake.

If you are going home, we will move you to another room. Friends and family may be able to join you. The length of time you spend in recovery depends on the type of medicine you received, your medical condition and the type of surgery you had.

Dealing with pain

A nurse will check your comfort level often during your stay. He or she will work with you to manage your pain. Remember:

• **All pain is real.** There are many ways to control pain. We can help you decide what works best for you.

• **Ask for pain medicine when you need it.** Don’t try to “tough it out”—this can make you feel worse. Always take your medicine as ordered.

• **Medicine doesn’t work the same for everyone.** If your medicine isn’t working, tell your nurse. There may be other medicines or treatments we can try.

Going home

We will let you know when you’re ready to leave the hospital. Before you leave, we will tell you how to care for yourself at home and prevent infections. **If you do not understand something, please say so.** We will answer any questions you have. We will then help you get ready to leave.

You must have an adult with you for the first 24 hours after you leave the hospital.
Take it easy when you get home. You will need some time to recover—you may be more tired than you realize at first. Rest and relax for at least the first 24 hours at home. You’ll feel better and heal faster if you take good care of yourself.

Locations

University of Minnesota Medical Center, Fairview

*University campus*
500 Harvard St.
Minneapolis, MN 55455
612-672-2000 (patient registration)
612-273-3000 (main line)
www.uofmmedicalcenter.org

*Riverside campus*
2450 Riverside Ave.
Minneapolis, MN 55454
612-672-2000 (patient registration)
612-273-3000 (main line)
www.uofmmedicalcenter.org

Fairview Lakes Medical Center
5200 Fairview Dr.
Wyoming, MN 55092
612-672-2000
www.lakes.fairview.org

Fairview Maple Grove Medical Center
14500 99th Ave. N.
Maple Grove, MN 55369
763-898-1400
www.maplegrove.fairview.org

Fairview Northland Medical Center
911 Northland Dr.
Princeton, MN 55371
612-672-2000
www.northland.fairview.org

Fairview Ridges Hospital
201 E. Nicollet Blvd.
Burnsville, MN 55337
612-672-2000
www.ridges.fairview.org

Fairview Southdale Hospital
6401 France Ave. S.
Edina, MN 55435-2199
612-672-2000
www.southdale.fairview.org

Fairview Range Medical Center
750 East 34th St.
Hibbing, MN 55746
218-262-4881 or 888-870-8626
www.range.fairview.org
Preoperative History & Physical

Please fax to AM Surgery (952-924-8422),
Same Day Surgery (952-924-5390), Eye Center (952-924-5475).
Or dictate to (612-395-7336).

Patient Name:______________________________________________ Date of Birth:__________________________
Surgeon: ____________________________ Date of Surgery:_____________________ Location:________________
Date of Exam:________________________

PREOP DIAGNOSIS / REASON FOR SURGERY:__________________________________________________
_______________________________________________________________________________________________

SURGERY / PROCEDURES INDICATED:________________________________________________________
_______________________________________________________________________________________________

HISTORY OF PRESENT ILLNESS:______________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Has a member of your Family or a Partner (now or in the past) intimidated, hurt, manipulated or controlled you in any way?  □ Yes  □ No  Referral needed:  □ Yes  □ No

PAST HISTORY:
Surgical (including any anesthetic problems): __________________________________________________________
_______________________________________________________________________________________________

MEDICATIONS (include herbals and vitamins):
Aspirin / NSAID use in last 10 days:  □ Yes  □ No  Steroid use in last 10 days:  □ Yes  □ No
Plavix use in last 7 days:  □ Yes  □ No

<table>
<thead>
<tr>
<th>Medications</th>
<th>Dose</th>
<th>Frequency</th>
<th>Medications</th>
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ALLERGIES: □ Latex  □ Tape  INTOXICATIONS:________________________

SOCIAL HISTORY: (□ tobacco, □ alcohol, or □ drug use): __________________________
Health Care Directive:  □ Yes  □ No
Nutrition Status: ____________________________________________________________
Learning Barriers: ____________________________________________________________

FAMILY HISTORY:
FH of anesthesia reaction □ Yes  □ No (if Yes, comment): __________________________
FH of bleeding disorder □ Yes  □ No

REVIEW OF SYSTEMS (any history or symptoms of the following):

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<tr>
<th>Yes</th>
<th>No</th>
<th>Comments if Yes</th>
<th>Yes</th>
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<th>Comments if Yes</th>
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<tr>
<td>□</td>
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<td>General Appearance: __________</td>
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<td>Diabetes/Endocrine: __________________________</td>
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<td>Skin: ______________________</td>
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<td>Nose: ______________________</td>
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<td>Neurological: ________________________________</td>
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<td>Mouth and Throat: __________</td>
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<td>Hematologic: ________________________________</td>
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<td>Infectious Disease: __________</td>
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<td>Musculoskeletal: ________________________________</td>
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<td>Psychological: __________</td>
<td>□</td>
<td></td>
<td>Genito-reproductive: ________________________________</td>
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Preoperative History & Physical

Patient Name: ____________________________________________________________

PHYSICAL EXAM:
Height: ____________________ Weight:______________________       Blood Pressure:_____________________
Pulse:______________________ Respirations:__________________       LMP:_____________________________

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<thead>
<tr>
<th>Normal</th>
<th>Abnormal - describe</th>
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<tbody>
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<td>Heart</td>
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<td>Abdomen</td>
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<td>Genitourinary</td>
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<td>Vaginal</td>
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<td>Rectal</td>
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<td>Musculoskeletal</td>
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<td>Lymphatics</td>
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<td>Blood Vessels</td>
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<td>Neurological</td>
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LAB / RADIOLOGY RESULTS:
Hgb:____________________ PLT:_________________   INR:_________________   BUN/Creat:_________________
CXR:__________________________________________  (New or unstable cardiopulmonary disease)
Electrolytes:_____________________________________ (Digoxin or diuretic use, or renal disease)
EKG:__________________________________________  (Enclosed copy) (Consider age guidelines: men >40, women >50 or in patients with hypertension, diabetes, peripheral vascular disease, chest pain, CAD if not done in last 6 months)
ECHO: ____________________________________ Stress Testing:________________________________________
PFT:  FEV1__________     FVC__________
Other Test Results: ________________________________________________________________________________

IMPRESSION / ACTIVE PROBLEMS:

□ CAD:  Severity/functional status:_________________________ □ Stable □ Needs preop evaluation
Most recent evaluation/intervention: ____________________________________________________________

□ HTN: □ Well controlled □ Other ___________________________

□ Valvular heart disease (or undefined murmur): Lesions/severity ____________ □ Stable □ Needs preop evaluation

Last Echo: ____________________________________________

□ Dysrhythmia: □ Atrial Fibrillation/Flutter □ Rate controlled □ Other: __________________________

□ History of ventricular dysrhythmia ______________________

□ CHF (or history of): Etiology: __________________________ □ Well compensated □ Other: __________________________

Last Echo: ____________________________________________

□ Pulmonary disease: □ COPD:______________ □ Restrictive □ Stable □ Other:___________________

Last PFT: _____________________________________________

Other pertinent diagnoses: __________________________________________________________________________

PLAN: □ Patient’s active problems diagnostically and therapeutically optimized for planned procedure.
□ Other ____________________________________________________________________________________________

Provider Signature: ________________________________________________________________________________

Date: ___________ Time: ____________

Print Provider Name: ________________________________________________________________

Clinic Name and Number: __________________________________________________________________________
Directions to
Fairview Southdale Hospital in Edina

6401 France Ave. S.
Edina, MN 55435
952-924-5000

[Map of Fairview Southdale Hospital in Edina]
Directions to

Fairview Southdale Hospital in Edina

Fairview Southdale Hospital is conveniently located on the southeast corner of Highway 62 (Crosstown) and France Avenue in Edina. It is easily accessible from any point in the metro area. Please follow the appropriate directions listed below:

**From North**

Take Highway 35W south to Highway 62 (Crosstown). Follow Highway 62 west to France Avenue exit. Turn left onto France Avenue. Proceed one block to 65th Street. To access the Skyway Ramp, turn right onto 65th Street and take the first right. To access the East Ramp, turn left onto 65th Street and take the second left onto Drew Avenue.

Or, take Interstate 94 east to Highway 494 (turns into 494 south) to Highway 62 (Crosstown). Follow Highway 62 east to France Avenue exit. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). To access the Skyway Ramp, turn left onto 65th Street and take the first right. To access the East Ramp, turn right onto 65th Street and take the second left onto Drew Avenue.

**From South**

Take Highway 35W north to Highway 62 (Crosstown). Follow Highway 62 west to France Avenue exit. Turn left onto France Avenue. Proceed one block to 65th Street. To access the Skyway Ramp, turn right onto 65th Street and take the first right. To access the East Ramp, turn left onto 65th Street and take the second left onto Drew Avenue.

Or, take Highway 100 or 169 north to Highway 62 (Crosstown). Follow Highway 62 east to France Avenue. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). To access the Skyway Ramp, turn right onto 65th Street and take the first right. To access the East Ramp, turn left onto 65th Street and take the second left onto Drew Avenue.

**From East**

Take Highway 62 (Crosstown) west to France Avenue exit. Turn left onto France Avenue. Proceed one block to 65th Street. To access the Skyway Ramp, turn right onto 65th Street and take the first right. To access the East Ramp, turn left onto 65th Street and take the second left onto Drew Avenue.

Or, take Highway 494 west to France Avenue exit. Turn right onto France Avenue. Proceed 2 miles to 65th Street. To access the Skyway Ramp, turn left onto 65th Street and take the first right. To access the East Ramp, turn right onto 65th Street and take the second left onto Drew Avenue.

**From West**

Take Highway 494 east to France Avenue exit. Turn left onto France Avenue and proceed 2 miles to 65th Street. To access the Skyway Ramp, turn left onto 65th Street and take the first right. To access the East Ramp, turn right onto 65th Street and take the second left onto Drew Avenue.

Or, take Highway 394 east to Highway 100. Follow Highway 100 south to Highway 62 (Crosstown). Take Highway 62 east to France Avenue exit. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). To access the Skyway Ramp, turn right onto 65th Street and take the first right. To access the East Ramp, turn left onto 65th Street and take the second left onto Drew Avenue.

Or, take Highway 62 east (Crosstown) to France Avenue exit. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). To access the Skyway Ramp, turn right onto 65th Street and take the first right. To access the East Ramp, turn left onto 65th Street and take the second left onto Drew Avenue.

**Parking**

Parking is available in the Skyway Parking Ramp located west of the hospital across France Avenue. Parking is also available in the East Ramp, located just past the emergency entrance. There is an hourly charge for parking. Valet parking is also available Monday through Friday from 6 a.m.-6 p.m. for $5. Valet parking attendants are stationed at the Skyway Lobby entrance, located off of 65th Ave.
Honoring Choices – Your Rights

Making Your Own Health Care Treatment Decisions

What is a health care directive?

Minnesota law gives you the right to record your health care wishes in the event you can’t tell them because of illness or injury.

A health care directive is a written document that tells others of your wishes about your health care. It says how you would like to be treated if you can no longer speak for yourself. It also allows you to name a person (called an agent) to make health care decisions for you based on your wishes.

What happens if I don’t have a health care directive?

You will be treated whether or not you have a written directive. Health care providers will listen to what people close to you say about your wishes.

How do I make a health care directive?

To make a legal directive in Minnesota, you don’t have to use a form, but you must be at least 18 years old and your health care directive must:

• Be in writing, dated and state your name

• Be created while you are still able to think about and make your own decisions.

• Have a notary public or two witnesses watch you sign the document.

• Explain your wishes and/or name someone to speak for you (your health care agent) if you cannot. The agent must be 18 years or older.

• Not include any requests for treatment that would violate state laws or regulations.

We have trained staff to help you complete a health care directive at no cost to you. We also offer free classes on advance care planning and health care directives.

For a free form or to sign up for a class, ask a staff member, visit www.fairview.org/choices or call Fairview OnCall at 612-672-7272 or 800-824-1953.

What can I put in a health care directive?

Before you write or change your directive, it is a good idea to talk to your health care team about your treatment options.

The more you include, the easier it will be for your health care team and your agent to make decisions based on your choices. You might include:

• The person you want to be your agent and a second agent if your first choice is not available.

• Your goals, values and cultural beliefs about health care.

• The types of medical treatment you would or would not want (such as feeding tubes or CPR).
• Where you want to get your care.
• Your choice of mental health treatments (such as electro-shock therapy).
• What to do if you are pregnant.
• Your wishes about donating parts of your body.
• Funeral arrangements.

If I prepared a directive before the current law went into effect, is it still good?

Forms created before August 1, 1998 are still legal if they followed the law in effect when written. Look over your document to be sure it says what you want and meets all requirements.

I made my directive in another state. Is it still good?

Health care directives made in other states are legal if they meet the laws of either that state or Minnesota. But a request for treatment against Minnesota laws (such as assisted suicide) will not be honored.

What should I do with my health care directive after I have signed it?

Keep your directive in a safe place where it can easily be found and tell others about it. You should give a copy to your family members, your agent and your health care providers. An advance care planning staff member can help you get a copy of your directive placed into your medical record.

How long does a health care directive last?

Your health care directive lasts until you change or cancel it. If you want to cancel your directive and you are able to make decisions for yourself, you may do so in one of these ways:
• Destroy it.
• Write and date a statement saying you want to cancel it.
• Tell at least two other people you want to cancel it.
• Write a new health care directive.

If you decide to cancel your directive, you should let anyone who has a copy know you have done so.

You should also review your directive from time to time to be sure it states your current choices.

We suggest a review when:
• You have a decline in your current condition or a new diagnosis.
• You have a divorce or death in your family.
• Ten years have passed since you last reviewed your directive.

Does my health care provider have to follow my health care directive?

Your provider must follow your health care directive or any instructions from your agent, as long as the choices follow reasonable medical practice. If the provider cannot or will not follow your choices, he or she must tell you this. The provider must also document this in your medical record. The provider must allow you to be transferred to another provider who will follow the agent’s directions.

If I have other questions, whom should I ask?

If you have other questions, ask for a staff member trained in advance care planning or visit www.fairview.org/choices.