



Hillside Surgery Center

care with you in mind™



Welcome and thank you for choosing Hillside Surgery Center for your surgery and/or procedure. We strive to provide you with quality care in the most safe and cost-effective manner.

Inside this packet you will find **Patient Rights and Responsibilities**, **Disclosure of Physician Investors** and information concerning **Health Care Advance Directives** for you to review. You will also find the following forms that must be completed and brought with you the day of surgery/procedure.

- Certificate of Understanding
- Patient Consent, Authorization and Payment Guarantee form
- Medication List

You can also access this information online at Hillsidesurgerycenter.com.

We want you to have a pleasant experience at Hillside Surgery Center. If you need further assistance with reading and/or understanding any of these forms, please call the surgical center at (603) 524-7514 and we would be happy to assist you.

Thank you again for choosing Hillside Surgery Center for your healthcare needs.