BRIGHAM AND WOMEN'S/MASS GENERAL —— HEALTH CARE CENTER ——

Name:			
MRN:			
You have be	en schedule fo	or the following proc	eedure:
Proce	edure:		
Surge	eon: Daniel R	uan, M.D.	
Day:		Date:	Time: TBD
		gery Unit at the Brigha riot Place, Foxborougl	am and Women's/Mass General Health h, MA 02035
your procedu REQUIRED	re for a pre-su for your surge	rgical telephone interv	y Surgery Unit nurse $3 - 14$ days before view. This telephone interview is ou have not spoken to a nurse by the day
	and turn left af		am and Women's/Mass General Health vators. The Day Surgery Unit phone
_			the Endocrine Surgery Unit nurses y. The nurse's phone number is 617-
Additional T	'ests:		
			<u> </u>
Your post-op	erative appoi	intment is scheduled t	for:
Location:	Day:	Date:	Time:
		•	oor) at the Brigham and Women's/ Mass xborough, MA 02035. Phone: 508-718-
		urgical Specialties (3 ^r ston, MA 02115. Phor	rd floor) Brigham and Women's ne: 617-732-6830.