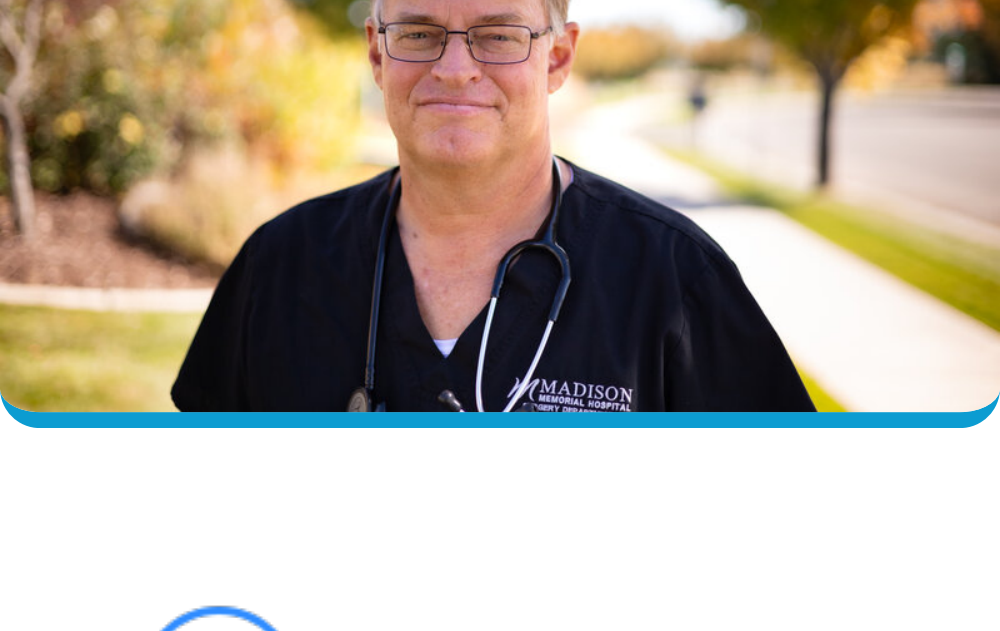


# Dwayne M. Hansen, MD

208-656-8442

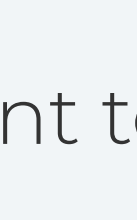
General Surgeon  
Board Certified

The Advanced Art Of Surgery



## Our Mission

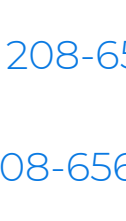
We aim to provide the highest quality patient care to every patient from their initial phone call to their post-operative clinic visit.



## We Want to Help

Our goal is to treat you as the most important person in our practice, because YOU are.

When you call the office, you speak directly to a person.



### Contact Our Staff

**Phone:** 208-656-8442

**Fax:** 208-656-8453

[jhansen@rexburgsurgery.com](mailto:jhansen@rexburgsurgery.com)

[Contact Us](#)

### Visit Us

381 E 4th North St Suite 100  
Rexburg ID, 83440

[Read Our FAQs](#)



### Office Hours

**Monday-Thursday**

8:30am – 5:00pm

**Friday-Sunday**

CLOSED

[View Patient Forms](#)



*“Very knowledgeable in his medical field. I couldn’t ask for a kinder doctor to take of my medical needs. Great bedside manner willing to listen and make sure he answered all my questions.”*

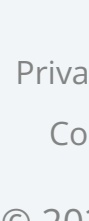
**P.H.**

Patient

If you would like to leave a review, [Click here](#)



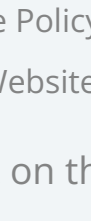
208-656-8442



381 East 4th North St  
Suite 100 Rexburg, ID  
83440



[jhansen@rexburgsurgery.com](mailto:jhansen@rexburgsurgery.com)



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## Contact us

To Schedule an appointment  
or to speak with one of our  
staff, **give us a call.**

**208-656-8442**



## Contact Information



### Address

381 East 4th North St Suite 100  
Rexburg, ID 83440



### Phone

**208-656-8442**



### Email

[jhansen@rexburgsurgery.com](mailto:jhansen@rexburgsurgery.com)



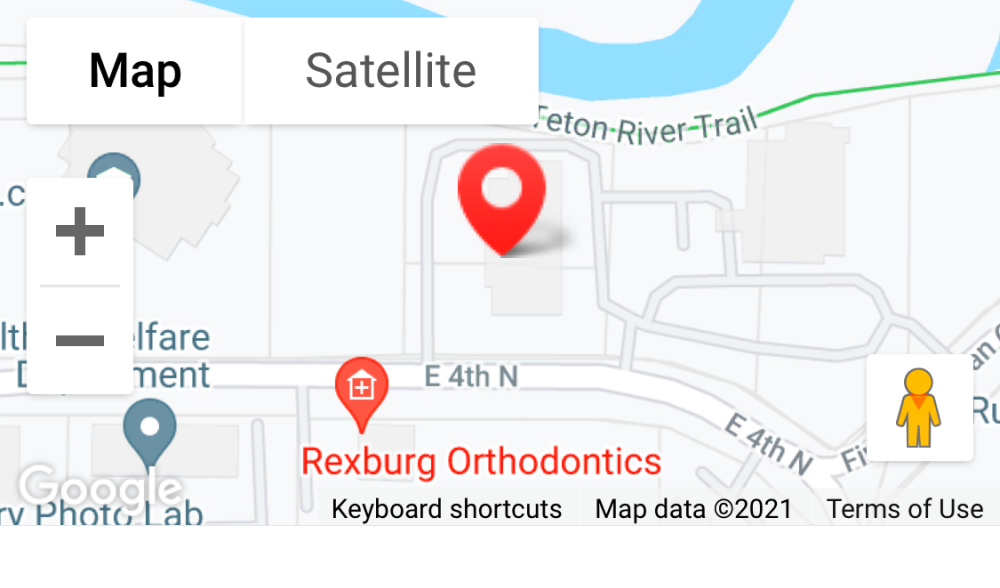
### Hours

Monday to Thursday – 8:30 AM to 5:00 PM  
Friday – CLOSED

would like to leave a review, [Click here](#)

## Send Us A Message

Submit



**208-656-8442**



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Suite 100 Rexburg, ID  
83440**

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# Frequently Asked Questions

For any unanswered questions please call the office.

**208-656-8442**

## General Questions

What time is my surgery?

The surgical facility (Madison Memorial Hospital or Madison Memorial Surgical Center) will call you AFTER 5:00 PM, the night before your procedure, to let you know what time you need to arrive for your procedure.

After surgery, when can I remove my bandages?



What does an allergic skin reaction to the surgical tape look or feel like?



When can I shower after surgery?



I take a blood thinner, when should I stop taking it before surgery?



Can I drive myself home from my procedure?



What should I wear for my procedure?



When can I return to work?



Can I take my daily medications before surgery?



What is the difference between an inpatient surgery and an outpatient surgery?



Where do I call to get a refill on prescriptions?



My pain medication is making me nauseated, can I try a different pain prescription?



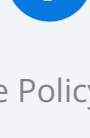
Do I need to pre-register at the hospital or surgery center prior to my surgery?



**208-656-8442**

**381 East 4th North St  
Suite 100 Rexburg, ID  
83440**

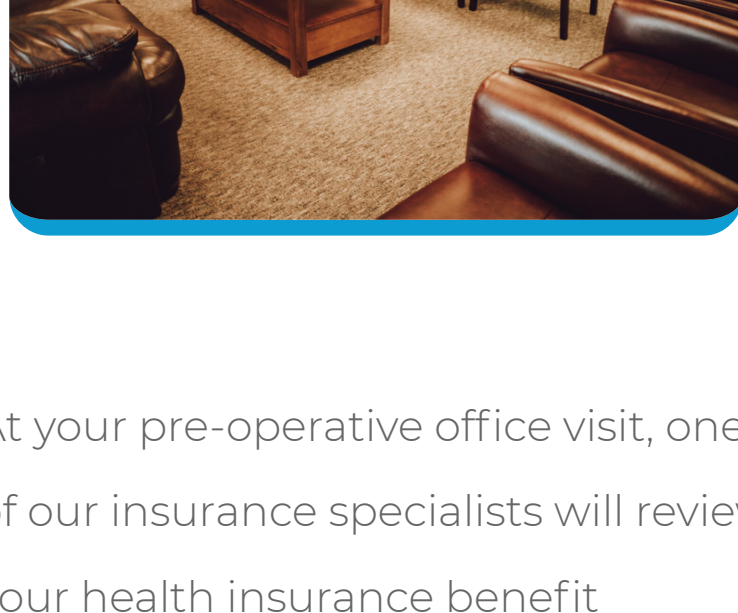
**[jhansen@rexburgsurgery.com](mailto:jhansen@rexburgsurgery.com)**







# Insurance and Financial Information



At your pre-operative office visit, one of our insurance specialists will review your health insurance benefit information with you. This will include your annual individual and family deductible, individual and family out-of-pocket expense, and what you have met towards each of these deductibles.

We will also review Dr. Hansen's estimated charges with you. Dr. Hansen's fee is separate from any other health care provider or facility and will be billed separately. In addition, we will also offer you the names and phone numbers of the health care facilities and / or health care providers where you will be receiving additional care. You may want to call them to get their estimated charges and to confirm that they also accept your insurance.

## We Accept Most Major Insurance Policies

Aetna

Ameriben

Assurant

Blue Cross of Idaho

Bridgespan

Cigna

Deseret Mutual Benefit

Administrators – DMBA

Medicare

Medicaid

Meritain

Mountain Health Co-op

Pacific Source

Regence Blue Shield of Idaho

Select Health

Tri-Care

United Health Care

Veterans Administrators – VA

## Commonly Used Facilities and Providers

Madison Memorial Surgical Center:

[208-359-2300](tel:208-359-2300)

Madison Memorial Hospital: [208-359-9850](tel:208-359-9850)

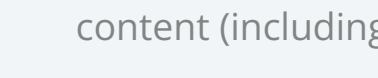
Pathology Associates: [208-529-9779](tel:208-529-9779)

(APS Billing): [800-274-2158](tel:800-274-2158)

Madison Anesthesia: [208-525-2090](tel:208-525-2090)

## Payment Options

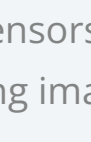
We accept all major credit cards including Care Credit.



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# Our Surgical Services

Dr. Hansen is trained and certified in laparoscopic and robotic surgical repairs. Click on the surgical links below or call the office (208-656-8442) for more information on specific surgeries.

## Our Services

### Appendectomy - Laparoscopic

Appendectomy is the surgical removal of the appendix. This procedure is most often performed as an emergency operation.

[Continue Reading...](#)

### Breast (Fine Needle Aspiration)



### Colonoscopy



### Endoscopy (Upper EGD)



### Feeding Tubes



### Gallbladder Removal – Laparoscopic



### Gastrointestinal Information



### Hemorrhoids



### Hernia



### Lumpectomy



### Pilonidal Cyst

There's a type of cyst you can get at the bottom of your tailbone, or coccyx. It's called a pilonidal cyst, and it can become infected and filled with pus. Once infected, the technical term is "pilonidal abscess," and it can be painful.

[Continue Reading...](#)

### Port Placements



### Rectal Disorders



### Reflux Disease – Laparoscopic



### Robotic Surgery



### Skin Cancer Check Ups and Removal



### Thyroidectomy



### Varicose Veins



### Vasectomy



### Video Assisted Thoracic Surgery



208-656-8442

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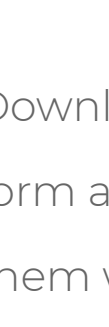






DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON



# Patient Forms

Download and fill out the correct form at your convenience and bring them with you to your appointment. Click on each form to view and download.

## New Patient Forms

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442

TODAY'S DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPOUSE/PARENT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REFERRING PROVIDER/PRIMARY CARE PHYSICIAN: \_\_\_\_\_

PREFERRED PHARMACY: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_ ID# \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_ ID # \_\_\_\_\_

\*\*\*OPTIONAL RELEASE OF MEDICAL INFORMATION\*\*\*

AUTHORIZE DR. HANSEN & STAFF TO DISCUSS MY MEDICAL AND FINANCIAL INFORMATION WITH THE FOLLOWING PERSON OTHER THAN SELF (EXAMPLE: SPOUSE, PARENT, ATTORNEY, EMPLOYER, ETC).  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PH # \_\_\_\_\_

RELEASE OF MEDICAL INFORMATION:  
I hereby give consent to Dr. Dwayne M. Hansen, MD and all health care providers furnishing care within Dr. Hansen's facilities to use and disclose my protected health information for the purposes of treatment, payment, collection, and any other health care related operations. You may assert this consent at any time in writing and it is acknowledged and received by Dr. Hansen's office. I have read and understand the Notice of Privacy Policies which is located at the front desk, and on this clipboard.

## New Patient Registration

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

1. What is your PERMANENT (non-school) Address?

Street Address: \_\_\_\_\_

PO Box \_\_\_\_\_

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

2. Where do you want the bill to go? PERMANENT ADDRESS / TEMPORARY ADDRESS

3. What is your Parent's Name and Phone number?

	Names	Phone Numbers	What can we share with them?
Mom			Medical Financial
Dad			Medical Financial

4. Are you expecting a parent to help you pay for your bill? YES NO  
Which parent? \_\_\_\_\_

5. Additional Contact 1: (Not living with you)

Street Address: \_\_\_\_\_

PO Box \_\_\_\_\_

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

6. Additional Contact 2:

Street Address: \_\_\_\_\_

PO Box \_\_\_\_\_

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

## BYU-I Student Information Form

(All BYU-I students must fill out the new patient information form. The BYU-I form is suggested but not required.)

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

LAYERED SUMMARY TEXT -

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

## HIPAA Confidentiality Statement

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442  
Fax 208-656-8453

RELEASE OF INFORMATION

I, (patient) \_\_\_\_\_,

Give permission for

(Office) \_\_\_\_\_ to: \_\_\_\_\_

Disclose the following protected health information to:

Dwayne M. Hansen

General Surgeon

381 E 4th N Ste 100

Rexburg, ID 83442

Phone: 208-656-8442

Fax: 208-656-8453

This protected health information is being used or disclosed for the following purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Participant or Personal Representative \_\_\_\_\_

Date \_\_\_\_\_

## Release of Information

## Pre-Operative Instructions

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442

Reburg Surgery - Office

381 East 4th North, Suite 100

Rexburg, ID 83440

Patient Information/Education Sheet for:

SUPREP - INSTRUCTIONS FOR COLONOSCOPY

1 DAY PRIOR TO YOUR EXAM:

Clear fluids ONLY for BREAKFAST, LUNCH, AND DINNER. Continue fasting until after your procedure.

DO NOT have any solid foods, milk, or milk products. Nothing colored RED or PURPLE.

No fruits, vegetables, cookies, crackers, or frozen concentrated liquids.

No Alcoholic Beverages.

Clear Liquids Include: (If you can see through it, it is a clear liquid)

- Water
- Chicken broth
- Soft Drinks (Sprite, Coke, Pepsi, Orange Soda, Ginger Ale)
- Strained fruit juices (without pulp) Apple, white grape, orange, or white cranberry.
- Limeade or Lemonade
- Kool-Aid (NO RED, PURPLE OR PINK)
- Gatorade
- Coffee or Tea (DO NOT use any dairy or non-dairy creamer)
- Gelatin desserts without added fruit or topping (NO RED, PURPLE, OR PINK)
- Clear Hard Candies (Jolly Ranchers)
- Popsicles (NO sherbet or fruit bars with pulp)

STAY HYDRATED!

Evening before procedure- Begin at about 5:00-6:00 (1st dose)

Step 1: Pour ONE 6-ounce bottle of SUPREP liquid into the mixing container.

Step 2: Add cold drinking water to the 16-ounce line on the container and mix.

Step 3: Drink ALL the liquid in the container.

Step 4: You MUST drink two (2) more 16-ounce containers of water over the next 1 hour.

AND (see marked section below)

## Colonoscopy Suprep Instructions

(English)

Reburg Surgery - Office

381 East 4th North, Suite 100

Rexburg, ID 83440

Patient Information/Education Sheet for:

Suprep-Instrucciones para Colonoscopia

1 DIA ANTES DE SU EXAMEN

Líquidos claros solamente para EL DESAYUNO, ALMUERZO, Y LA CENA. Sigue ayunando hasta después de su procedimiento.

NO COMA alimento sólido, leche, productos lácteos, frutas, verduras, galletas, galletas de soda, líquidos concentrados congelados, néctar, uva blanca, naranja, o arandano blanco.

NO TOME bebidas alcohólicas.

Líquidos claros incluye: (Si usted puede ver con el, cuenta como líquido claro)

- Agua
- Caldos de Pollo
- Gaseosas (Sprite, Coke, Pepsi, Soda anaranjada, cerveza inglesa del jengibre)
- Jugos de fruta filtrados (sin pulpa): Manzana, uva blanca, naranja, o arandano blanco
- Limónada o limonada
- Kool-Aid (NO ROJO, PURPURA O COLOR DE LA ROSA)
- Gatorade
- Café o té (no leche o de desnatadora sintética)
- Postres de la gelatina sin fruta agregada o cremas (NO ROJO, PURPURA, O COLOR DE LA ROSA)
- Carmelo duro claro (Jolly Ranchers)
- Ninguna helada de fruta del sorbete o con pulpa

MANTANGASE HIDRATADA

Tarde antes del procedimiento- Comience entre 5 y 6 pm. (Primera dosis)

Paso 1: Vierta un (1) frasco de 6 onzas de suprep líquido en el vaso de mezclar.

Paso 2: Agregue agua potable fresca hasta la línea de 16 onzas en el vaso y mezcle.

Paso 3: Tome TODO el líquido del vaso.

Paso 4: Debera tomar dos (2) vasos más de 16 onzas de agua durante la hora siguiente.

Vea la sección marcada abajo

Hay dos maneras para tomar la segunda dosis:

Primera opción:

Tarde antes del procedimiento- Comienza a las 9 pm (la segunda dosis)

Paso 1: Vierta un (1) frasco de 6 onzas de suprep líquido en el vaso de mezclar.

Paso 2: Agregue agua potable fresca hasta la línea de 16 onzas en el vaso y mezcle.

Paso 3: Tome TODO el líquido del vaso.

Paso 4: Debera tomar dos (2) vasos mas de 16 onzas de agua durante la hora siguiente.

## Colonoscopy Suprep Instructions

(Español)

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442

Pre-Operative Instructions: General Surgery

Nothing to eat or drink after Midnight 12:00 the night before procedure.

Blood thinner should be stopped five (5) days prior to surgery.

You will need to arrange for a ride home as you will be unable to drive after surgery.

You will leave the facility with a pain medication prescription.

Narcotic pain medication may cause side effects such as: nausea, fatigue, fuzzy head, etc. If you experience these side effects, you are welcome to substitute the pain medication for over-the-counter pain medications such as Tylenol, Ibuprofen, etc. You may also call the office for a different form of prescribed pain medication.

Follow up appointments at the office are usually done one to two weeks after your procedure. If you did not leave the facility with a return appointment, please call our office as soon as possible to schedule a follow up appointment.

The facility will call you the day before (usually around 5:00) to confirm what time you need to arrive for your surgery.

You may take oral medications with a sip of water the day of surgery. However, Medications for diabetes should not be taken the morning of the procedure.

You should notify our office if you become sick prior to surgery (Sinus infection, bronchitis, cough with mucous, fever, etc)

## Pre-Procedure Instructions

Patient Instructions for PillCam® Small Bowel Capsule Endoscopy With the SensorBelt

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

Examination Date: \_\_\_\_\_

To ensure the best results for your PillCam capsule endoscopy of the small bowel, follow your doctor's instructions carefully and completely.

Day before Capsule Endoscopy

1. Start the prescribed liquid diet after lunch.

2. Do not eat or drink except for necessary medication with a sip of water, 10 hours before your capsule endoscopy.

Day of Capsule Endoscopy

1. Do not take any medication 2 hours before having the exam.

2. Wear upper garment of this, natural fiber such as a T-shirt that is long enough to reach at least to hip level and will not ride up above the belt.

3. Arrive for your appointment at the scheduled time: \_\_\_\_\_

After Swallowing the PillCam SB Capsule

The capsule endoscopy procedure will last approximately 6-8 hours. Contact your doctor's office immediately if you suffer from any abdominal pain, nausea or vomiting during the procedure.

1. You may drink colorless liquids starting 2 hours after swallowing the PillCam SB capsule.

2. You may have a light snack 4 hours after ingestion. After the examination is completed, you may return to your normal diet.

3. Be sure the SensorBelt is tight at the waist. Do not attach anything to it.

4. Check the blue flashing DataRecorder light every 15 minutes to be sure it is blinking twice per second. If it stops blinking or changes color, note the time and contact your doctor.

5. Use the supplied Capsule Endoscopy Event Form, to note the time of any event such as eating, drinking or a change in your activity. Return the completed Event Form to your doctor at the time you return the equipment.

6. Avoid strong electromagnetic fields such as MRI devices or ham radios after swallowing the capsule and until you pass it in a bowel movement.

English DOC-1335-01

## PillCam patient Instructions

## Post-Operative Instructions

DWAYNE M. HANSEN, MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442

Post-Operative Instructions: General Surgery

Narcotic pain medication may cause side effects such as: nausea, fatigue, fuzzy head, etc. If you experience these side effects, you are welcome to substitute the pain medication for over-the-counter pain medications such as Tylenol, Ibuprofen, etc. You may also call the office to ask about a different form of prescribed pain medication.

You may not drive while taking narcotic pain medication.

Follow up appointments at the office are usually done one to two weeks after your procedure. If you did not leave the facility with a return appointment, please call our office as soon as possible to schedule a follow up appointment.

Constipation is common following general anesthesia and while taking pain medication. Drink plenty of fluids and if needed you may try some Mira-Lax (available at any pharmacy). Please call our office if you go more than a four days without a bowel movement.

Bandages may be removed at two days after your procedure. It may be helpful to have a warm shower before removing the bandages. You will have small white tape (Seri-Strips) under your bandages. These will come off on their own or you may remove at your convenience.

Please wash and pat dry your incisions daily. Let your incision get air- do not cover with air-tight dressings. Avoid public pools and hot tubs for at least two weeks.

If your incision become red and hot to the touch or if you develop a fever of 101 or higher, please call our office for advice. It is normal for your incisions to appear bruised.

## Post-Procedure Instructions

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442

Post-Operative Instructions: General Surgery

Narcotic pain medication may cause side effects such as: nausea, fatigue, fuzzy head, etc. If you experience these side effects, you are welcome to substitute the pain medication for over-the-counter pain medications such as Tylenol, Ibuprofen, etc. You may also call the office to ask about a different form of prescribed pain medication.

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## EVLT Follow-Up Instructions

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

381 E. 4th N. • SUITE 100 • 208.656.8442

Post-Operative Instructions: General Surgery

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## EVLT Follow-Up Instructions

DWAYNE M. HANSEN MD, FACS

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Post-Operative Instructions: General Surgery

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## EVLT Follow-Up Instructions

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