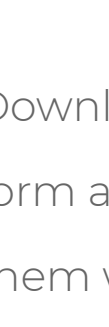




DWAYNE M. HANSEN
MD, FACS

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

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)

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

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

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)
- Caramelos duros claros (Jolly Ranchers)
- Ningunas heladas 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: Deberá 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: Deberá tomar dos (2) vasos más 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

DWAYNE M. HANSEN MD, FACS

GENERAL SURGEON

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

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.

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

208-656-8442

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Suite 100 Rexburg, ID
83440

jhanzen@rexburgsurgery.com

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