



OLEAN MEDICAL GROUP LLP

PUNEET S. CHAHAL, D.P.M., FACFAS

Podiatric Medicine – Podiatric Surgery

535 Main Street, Olean NY Phone: (716) 376-2282 Fax: (716) 376-2281

Date: _____

Dear _____,

Your outpatient surgery at Olean General Hospital Surgery Center has been scheduled for:

DATE: _____ TIME: _____ TO BE DETERMINED

Your pre-operative visit at our office has been scheduled for:

DATE: _____ TIME: _____

You will need to get some preoperative lab work, EKG, and Chest Xray at Olean Medical Group LLP and then meet with the Olean General Hospital preop teaching department on _____ at _____. You will need to be **FASTING** for this from midnight the night before. This preoperative workup must be done before you see your medical doctor.

Your pre-operative clearance appointment has been scheduled with _____ on:

DATE: _____ TIME: _____

You will need a COVID 19 screening done on _____. The Cattaraugus County Health Department will call you directly to arrange for this.

Please call pre-admissions at OGH to pre-register before your surgery and make arrangements to speak with the pre-op nurse at 716-375-7434.

If you have any questions, please call my office.

IF THERE ARE ANY CHANGES TO YOUR INSURANCE, PLEASE NOTIFY OUR OFFICE IMMEDIATELY.

ALL OF THE APPOINTMENTS LISTED IN THIS LETTER MUST BE KEPT BEFORE YOU CAN HAVE SURGERY. IF YOU HAVE A CONFLICT WITH ANY OF THESE DATES, PLEASE CONTACT OUR OFFICE IMMEDIATELY. THANK YOU.