

**SURGERY**  
*Center*  
**OF LANCASTER**

810 Plaza Blvd, Suite 101  
Lancaster, PA 17601  
Phone: 717-431-2368  
Fax: 717-431-2540

(Date)

Letter of Notification to Primary Care Provider

Dear **DR.** \_\_\_\_\_,

(List Dr. Name and phone number) is notifying you as prescribed by the Rules & Regulations for Ambulatory Surgical Centers, Chapter 551 Subsection 2.1 that a \_\_\_\_\_ surgery is scheduled to be performed at the Surgery Center of Lancaster on \_\_\_\_\_ the minor child  
\_\_\_\_\_ **DOB** \_\_\_\_\_.

**DR.** \_\_\_\_\_ takes full responsibility for the medical clearance and has carefully screened this minor child and further more believes that this type of procedure is appropriate to do on an outpatient basis in a freestanding surgical center. The Surgery Center of Lancaster is licensed by the Department of Health as a Class C multi-specialty surgical center. It is Medicare certified, and accredited by the American Association of Ambulatory Health Care (AAAHC). The facility is staffed at all times when patients are present with a board certified anesthesiologist. All the anesthesia providers and professional RN staff are ACLS and PALS certified. The Center is equipped with emergency equipment to include a defibrillator with pediatric paddles, a pediatric specific crash cart, a transfer agreement with the Lancaster Regional Medical Center, and agreements with ambulance providers. The proposed procedure is well within our capabilities at the Center. **If you believe that this type of procedure is appropriate as an outpatient procedure,** I ask that you would please initial by the appropriate statement. If you have any questions, please do not hesitate to contact the Surgery Center of Lancaster.

\_\_\_ The proposed procedure is appropriate for an Ambulatory Surgery Center.

\_\_\_ The proposed procedure is not appropriate for an Ambulatory Surgery Center.

\_\_\_ I have been notified.

Minor Child's Primary Care Provider \_\_\_\_\_

SIGNATURE

DATE