



Please Complete and Return to the office within 10 days prior to procedure

We are excited to greet you in Houston! To assist you in travel plans and ensure a smooth process the following information is required.

My **Phone consult** with Dr. Marvin was on: ___ / ___ / _____

Required of me to complete 10 days prior (with dates of completion and submitted):

Failure to complete may result in a cancellation of my procedure

CBC ___ Completed _____ Sent to Dr. Marvin _____

BPM ___ Completed _____ Sent to Dr. Marvin _____

EKG ___ Completed _____ Sent to Dr. Marvin _____

Other _____ Completed _____ Sent to Dr. Marvin _____

Nutrition Consult with a Registered Dietitian ___ Completed _____ R.D. Name _____ **My**

Procedure Date ___ / ___ / _____ First Street Surgical Hospital

4801 Bissonnet Street, Bellaire, TX 77401

My Pre-Op appointment: ___ / ___ / _____ Dr. Marvin Houston Surgical Specialist 713-993-7124

My Post-Op Appointment ___ / ___ / _____ 6330 W. Loop South, Bellaire, TX 77401

My **Flight** is on ___ / ___ / _____ Arrival _____ am/pm OR I am **driving** _____

___ / ___ / _____ Depart _____ am/pm

Airport: Bush Intercontinental (IAH) _____ or William P. Hobby (HOU) _____

My mode of Transportation will include (Check all that apply):

Rental Auto ___ Airport Shuttle ___ Hotel Shuttle ___ Uber/Lyft/Taxi ___

My accommodations during the trip: Private residence _____

Hotel (Name and Address) _____

My Travel Companion (or responsible party upon discharge)

Friend/Family over the age of 18: Name _____ Cell _____

Bright Star Private Transport ___ Booking completed ___ / ___ / _____

Any other information I would like to add (such as bringing pets or special needs): _____

Reminder to prepare for the clear liquid diet the day prior to the procedure as this will be a travel day

We recommend printing a copy for yourself to keep on track and avoid any unnecessary delays

Signature _____ **Date** _____ **Submitted to Dr. Marvin** _____

Dr. Robert Marvin
6330 W. Loop South Ste. 610
Bellaire, TX 77401
Office: 713-993-7124 Fax: 713-963-0476