



8230 Walnut Hill Lane, Suite 101 • Dallas, Texas 75231 • Phone 214.345.6747 • Fax 214.345.6748
www.thwssc.com

Please review the following
included in this packet.

Also, on the day of surgery, please bring:

This ENTIRE packet

Insurance card (s)

Drivers License,
Picture ID
or valid form of ID

For additional information please go to our website:

www.thwssc.com

Conditions for Coverage

Information Packet

- Advance Directive Information
- Notice of Protected Health Information Practices
- Notice of Patients Rights and Responsibilities
- Insurance and Your Bill
- **Pre-Admission Assessment-** Please fill out if you did not complete the ONE MEDICAL PASSPORT online *or* review this information during a pre-operative phone call with a nurse specifically from Texas Health Women's Specialty Surgery Center.
- Day Before/Day Of Surgery Instructions
- After Surgery Instructions
- Physician Ownership Disclosure Statement



Dear Patient:

We look forward to your upcoming visit at Texas Health Women's Specialty Surgery Center Dallas. It is the policy of the facility to notify you of the following information prior to your arrival for your procedure.

1. Notice of Patients Rights and Responsibilities:
(See attachment)
2. Physician Ownership disclosure:
(See attachment)
3. Insurance and Your Bill
(See attachment)
4. Facility policy regarding Advance Directives includes the following:
 - A. You have the right to make choices regarding life-sustaining treatment, including resuscitative measures.
 - B. We wish to notify you that we do not honor Advanced Directives.
Should there be a need to transfer you to a hospital for additional care measures beyond what the ambulatory facility can provide, your Advance Directive/Living Will/Healthcare Proxy will be honored at the receiving hospital upon your arrival.
 - C. Texas Health Women's Specialty Surgery Center Dallas requests that if you have an Advance Directive/Living Will/Healthcare Proxy, please bring a copy with you so we may place it with your medical record if needed.
 - D. If you do not have an Advance Directive/Living Will/ Healthcare Proxy, you may obtain more information from Caring Connections, 1731 King St. Suite 100, Alexandria, VA 22314, e-mail: www.caringinfo.org, 800-658-8898 or please see the Texas Health and Safety Code Chapter 166 for Advanced Directives for instructions on how to complete one.

Also, someone from the center will be contacting you prior to your arrival at the facility to inform you of your financial responsibility.

We hope you will find your stay and the care you receive at Texas Health Women's Specialty Surgery Center Dallas a pleasant experience.

If you have questions, please contact:



214-345-6747



NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES

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.

Understanding Your Health Record/ Information

This notice describes the practices of Texas Health Women's Specialty Surgery Center Dallas and that of its physicians with respect to your protected health information created while you are a patient at Texas Health Women's Specialty Surgery Center Dallas. Physicians and personnel of Texas Health Women's Specialty Surgery Center Dallas authorized to have access to your medical chart are subject to this notice. In addition, physicians of Texas Health Women's Specialty Surgery Center Dallas may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at Texas Health Women's Specialty Surgery Center Dallas. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at Texas Health Women's Specialty Surgery Center Dallas.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Your Health Information Rights

Although your health record is the physical property of Texas Health Women's Specialty Surgery Center Dallas, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- Obtain a paper copy of this notice of protected health information practices;
- Inspect and request a copy of your health record as provided by law;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record; Obtain an accounting of disclosures of your health information as provided by law;
- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Texas Health Women's Specialty Surgery Center Dallas' Privacy Officer at 8230 Walnut Hill Lane, Suite 101, Dallas, Texas 75231.

Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures;
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at Texas Health Women's Specialty Surgery Center Dallas location.
- We will not use or disclose your health information without your written authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed By Law.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

We will use your health information for treatment.

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Texas Health Women's Specialty Surgery Center Dallas. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you are discharged from care at Texas Health Women's Specialty Surgery Center Dallas.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health care operations.

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

We will use your health information as otherwise allowed by law. The following are some examples of how we may use or disclose medical information about you.

Business associates: There are some services provided in our organization through agreements with business associates. Examples include answering services and copy services. To protect your health information, however, we require business associates to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Communications for treatment and health care operations: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse, neglect or domestic violence: As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

Judicial, administrative and law enforcement purposes: Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes.

Required or allowed by law: We will disclose medical information about you when required or allowed to do so by federal, state or local law.

For More information or to Report a Problem

If you have questions and would like additional information, you may contact Texas Health Women's Specialty Surgery Center Dallas' Privacy Officer at 214.345.6747.

If you believe your privacy rights have been violated, you can file a complaint with Texas Health Women's Specialty Surgery Center Dallas' Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

PATIENT RIGHTS AND RESPONSIBILITIES

We observe and respect a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values of belief systems.

YOU HAVE THE RIGHT TO:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment of services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interest or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians if other qualified physicians are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse and human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center. Including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information of disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or used as a means of coercion, discipline, convenience or retaliation by staff.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided on this form.

YOU ARE RESPONSIBLE FOR:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the center.
- Identifying any patient concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in you condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express and concerns, complaints or grievances you may have:

CENTER	VICKI SCHULTZ, RN, CASC ADMINSTRATOR 214-345-6747
MEDICARE	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: www.cms.hhs.gov/center/ombudsman.asap DEPARTMENT OF STATE HEALTH SERVICES
STATE AGENCY	FACILITY LICENSING GROUP 1100 WEST 49 TH ST. AUSTIN TX 78756 1-888-973-0022
JOINT COMMISSION	E-mail: complaint@jointcommission.org Fax: 630-792-5636 Mail: Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace, Illinois 60181

Insurance and Your Bill

Prior to surgery at Texas Health Women's Specialty Surgery Center, Dallas, you will be contacted regarding your insurance coverage. Due to the number of insurance plans, we suggest that you contact your insurance company if you have any questions regarding your coverage.

After surgery, we will file your insurance papers for you. We will ask you to sign an 'agreement of benefits' form so that the check comes directly to Texas Health Women's Specialty Surgery Center, Dallas. Any amount not covered by your insurance, deductibles, and/or co-insurance, will be collected on the day of surgery.

If the facility costs are more than anticipated, you will be billed for the difference. Any overpayment will be promptly refunded to you. Texas Health Women's Specialty Surgery Center Dallas' bill does not include charges for your surgeon, cardiologist, radiologist or anesthesiologist. Physicians involved in your surgery center treatment will bill you separately.

Cosmetic Surgery

Fees for cosmetic surgery will be collected prior to surgery. Personal checks must arrive at Texas Health Women's Specialty Surgery Center, Dallas prior to the date of surgery. Cash, cashier's checks, VISA, Master Card and American Express payments will be accepted on the day of surgery.

Other Services

Laboratory, pathology, and other services are provided at Texas Health Women's Specialty Surgery Center, Dallas in cooperation with various outside agencies. These services will be provided and billed by an agency approved by your insurance company.

Charges

Charges at Texas Health Women's Specialty Surgery Center, Dallas consist of two components, a base fee(s) for each procedure performed and subsequent itemization of implants and special equipment. We require you pay the deductible and co-insurance portions on the day of surgery.

If you have any questions or problems regarding your bill, please contact our business office at 214.345.6747 between the hours of 8:00 a.m. and 3:00 p.m. Monday through Friday. We will be happy to help you.

Patient Health History and Admission Assessment

- **Please complete the following form if you HAVE NOT completed your One Medical Passport online OR spoken with a nurse from our facility and provided this information over the phone.**
- **We receive some information from your surgeon but would like to give as current information as possible to your care team (nurses, anesthesiologists, etc.).**
- **A nurse will review the following information with you in the preoperative area to ensure we have all necessary information and answer any questions you may have.**

Patient Registration Guide

Physician: _____ Procedure Date: _____

Women's Specialty Surgery Center asks that you complete online registration with One Medical Passport. The website will guide you to enter your medical history so that we may provide you with excellent care and minimize long phone interviews and paperwork.

Begin Registration on Our Website

Start on our home page www.thwssc.com and click the blue bubble labeled "**Click here for your Pre-Operative Assessment**" to go to One Medical Passport shown below.

Create Your One Medical Passport Account

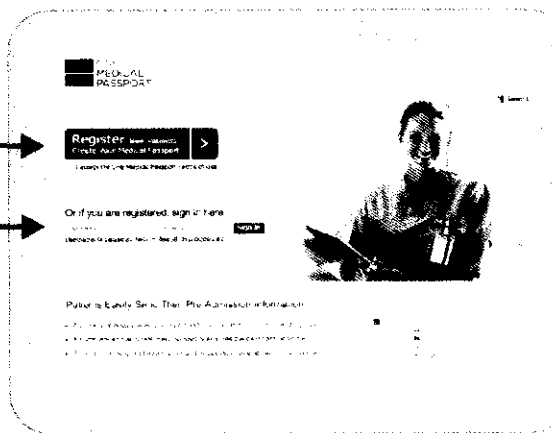
First time users of onemedicalpassport.com should click the green "**Register**" button and create an account. Answer the questions on each page, then click save and continue. Once complete, you will be prompted to click "**Finish**" to securely submit your information to us.

First Time Website Users Click Register

Username you chose: _____

Returning Users (for changes or reuse)

Enter the username and password you chose.
You can then access or update your account.



Additional Help to Complete Registration

Each page has a "**Help**" link you may click for assistance. If you are not able to complete your history online, please call our pre-op nurse during business hours at 214-345-6747 to complete your history over the phone.



PREOPERATIVE ASSESSMENT
~Please Complete Entire Form~

Patient Name: _____ DOB: _____ Email: _____

Scheduled Surgery: _____ Surgeon: _____

Ride Home: _____ Relationship: _____ Phone Number: _____

Height: _____ ft _____ in Weight: _____ Last Menstrual Cycle (M/D/Y) _____ Menopause/Hysterectomy (Y/N)

Primary Care Physician: _____ Specialty Physicians: _____

Tobacco use: Yes No Amount: _____ Alcohol use: Yes No Amount: _____ Drug use: Yes No

Allergies: _____

List ALL previous surgeries and approximate year: _____

CARDIAC

- Heart disease/CAD
- High blood pressure
- Heart attack Date: _____
- Cardiac Stents
- Chest pain/Angina
- Abnormal Heart Rhythm
- Heart valve problems
- Other _____

KIDNEY/RENAL

- Kidney stones
- Kidney failure
- Prostate trouble
- Other _____

GI (DIGESTIVE)

- Frequent heartburn
- Stomach ulcers
- Hiatal Hernia
- Gastric bypass/band
- Other _____

ONCOLOGIC (CANCER)

- Cancer Type: _____
- Chemotherapy Date: _____
- Radiation Date: _____
- Other _____

LIVER/HEPATIC

- Liver failure
- Hepatitis
- Other _____

ENDOCRINE

- Diabetes Type: _____
- Thyroid problems
- Other _____

INFECTIOUS DISEASE:

- C-diff/ MRSA/ VRE
- Recent cold/flu/infection
- Recent travel outside US? (Y/N)
- COVID Positive Date _____

PULMONARY

- Emphysema/COPD
- Asthma Have inhaler? (Y/N)
- Sleep Apnea CPAP? (Y/N)
- Tuberculosis(TB) Exposure
- Other _____

NEUROLOGIC

- Seizures Last: _____
- Stroke/CVA
- Dizzy Spells/Fainting
- Neuropathy
- Other _____

HEMATOLOGIC

- Anemia
- HIV/AIDS
- Bleeding disorder
- Other _____

MUSCULOSKELETAL

- Arthritis Type: _____
- Neck / Back Pain or Injury (circle)
- Chronic Pain (0-10) _____
- Other _____

Additional medical problems: _____

LIST ALL MEDICATIONS INCLUDING VITAMINS AND OVER THE COUNTER

MEDICATION/DOSE	REASON	MEDICATION/DOSE	REASON

ANESTHESIA HISTORY

Problems with previous anesthesia or surgery? Yes No Motion Sickness If yes, please describe: _____

Contacts / Glasses (circle) Hearing Aids Loose/Chipped Teeth Dentures/Dental Implants

Metal or Surgical Implants: _____

Family/Personal history of Malignant Hyperthermia? Y/N Family/Personal of high fever or cardiac arrest?: Y/N

Please explain: _____ Advance Directive/Living Will Y/N Accept Blood Products Y/N

I have fully reviewed this questionnaire and answered all questions truthfully and to the best of my knowledge. I am aware that my answers could affect my anesthesia outcome and/or overall health care.

Patient/Legal Guardian Signature: _____ Date: _____

DAY BEFORE SURGERY

Follow these guidelines the day before surgery to ensure that your surgery goes smoothly:

1. Report any health changes to your surgeon immediately, even if the changes seem minor, such as *fever, cough, rash, or cold*. Notify your physician if there is a possibility that you are pregnant.
2. If no one has talked to you prior to admission from the Texas Health Women's Specialty Surgery Center, please call 214.345.6747 Monday through Friday from 8:00 a.m. to 3:00 p.m. for specific instructions.
3. If you wear contact lenses, please bring a contact case to remove them prior to surgery or wear glasses. We'll provide containers for any removable dentures or bridgework.

Eating and Drinking.

4. DO NOT consume alcohol 24 hours prior to your surgery. Refrain from smoking 12 hours before your surgery. These substances can cause you to have adverse reactions to anesthesia and medication.
5. DO NOT EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE SURGERY. (This includes chewing gum and water) This is essential to reduce the possibility of severe complications during and after surgery.
6. Your surgery will be postponed if you ignore this precaution.

Medications.

7. If you take blood pressure or heart medication, please take with a small sip of water. If you are diabetic or take blood thinning anticoagulants, obtain specific instructions from your physician.
8. If you HAVE NOT spoken to a nurse from the surgery center about your health history, please fill out the Pre-Admission Assessment form, included in this packet, completely, including your height and weight, previous surgeries, medications and allergies.
9. Have a good night's rest.



DAY OF SURGERY

Arrive at: _____ AM /PM, on day: _____ Date: _____

Your Surgery is scheduled for: _____, however, unforeseen circumstances may result in delays. Our staff will attempt to keep you informed, but feel free to make inquiries at the reception desk.

To help meet all of your needs, please follow these guidelines:

1. Please bathe or shower prior to coming in for surgery. Do not put on any makeup, lotion, powders or deodorant. Make sure all jewelry, including wedding bands and earrings, and hair pieces are removed.
2. Brush your teeth, remembering not to swallow anything.
3. Wear loose, comfortable clothing such as sweat suits, easy button shirts, or blouses that are large enough in case you have a large bandage after surgery and comfortable shoes.
4. Leave all valuables at home.
5. Bring a list of your medication(s), both prescription and non-prescription. Please include dosage(s) and when you take them.
6. Be prepared to sign form(s) giving your consent for the operation. If the patient is under 18, a parent or legal guardian must accompany the child and sign consent form(s).
7. Arrange in advance for a responsible adult to drive you home and to remain with you the first 24 hours after your surgery. You cannot drive yourself or be left alone. Failure to do so will result in rescheduling of your surgery. This is for your safety.
8. Collect all necessary papers from your physician's office. Bring insurance cards and legal picture identification along with you to the Center. Failure to do so will result in reschedule of your surgery.
9. Arrive on time so that your surgery may begin as scheduled.
10. A nurse will give you a gown, socks, hat, and personal belongings bag to store your clothing in before surgery. We will also check your temperature and vital signs. You may be asked to provide urine sample.
11. Your family may wait in our comfortable front lobby.
12. Special Instructions: _____

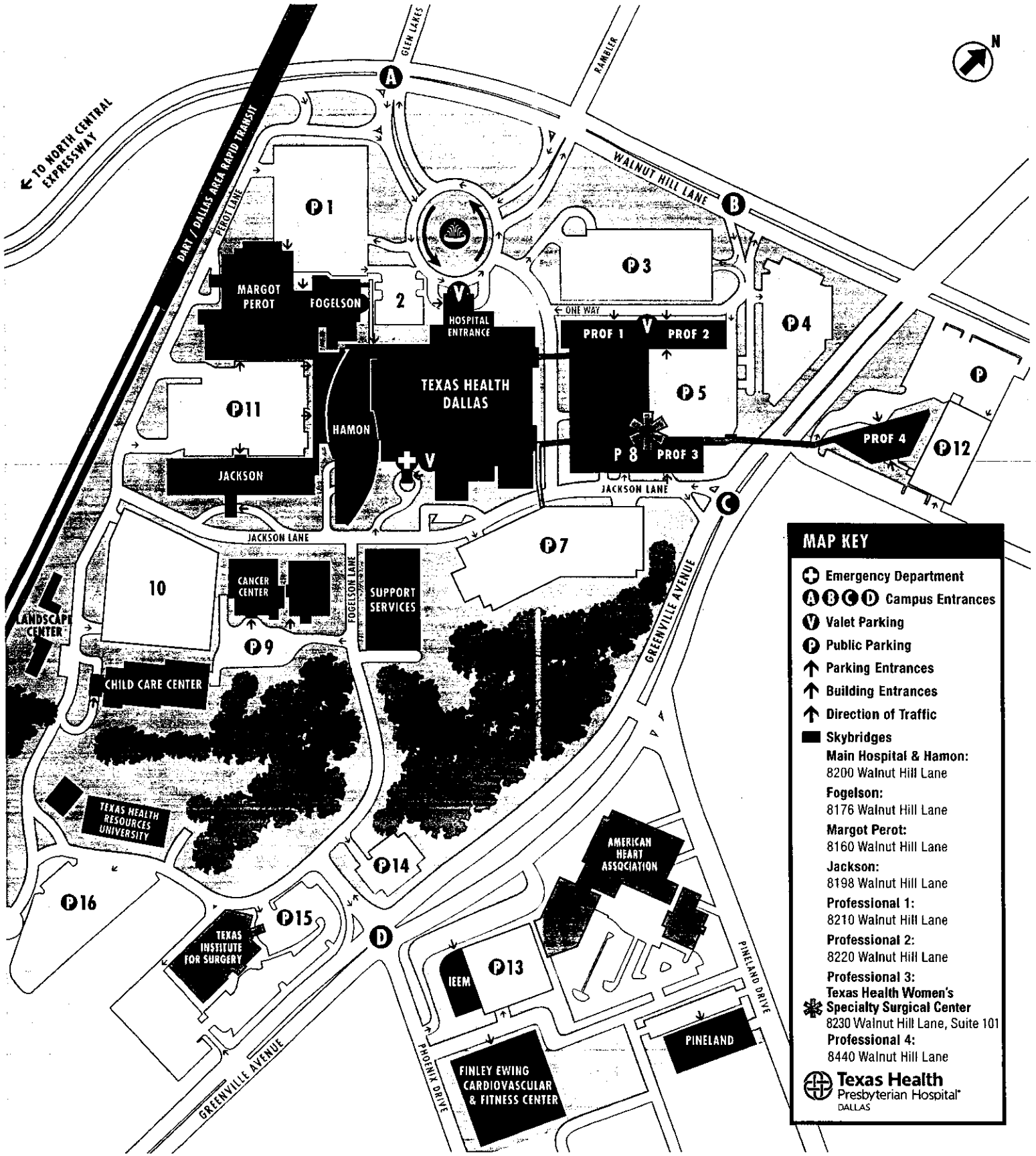
AFTER SURGERY ~ AT HOME

- 1. Arrange in advance for a responsible adult to drive you home and to remain with you for the first 24 hours after your surgery. You cannot drive yourself or be left alone. Failure to do so will result in rescheduling of your surgery.**
- 2. After you have returned home, be sure to follow your doctor's orders regarding diet, rest, and medication. Unless given other directions, you should start your diet with a reasonable, light meal, non-greasy or spicy. By the next day, you should be back to your normal diet.**
- 3. It is not unusual to feel a little sleepy or a little dizzy for several hours after your operation. Do not sign any important papers or make any significant decisions until this feeling wears off.**
- 4. A nurse from Texas Health Women's Specialty Surgery Center Dallas will call you within a few working days after surgery to see how you are and to answer any questions you might have.**
- 5. Do not drive a car, smoke, drink alcoholic beverages, lift or operate heavy machinery or cook until the day after surgery or as directed by physician.**
- 6. We will ask you to return a questionnaire after surgery. This will help us with your follow-up and to improve our service.**

ARCHANA GANARAJ, MD	SATIN PATEL, MD	
GREGG ANIGIAN, MD	JERALD GOLDSTEIN, MD	FRANCESCA PERUGINI, MD
JOHN BERTRAND, MD	CLARK GRIFFITH, MD	HAMPTON RICHARDS, MD
WESLEY BRADY, MD	JULIE HAGOOD, MD	JAMES RICHARDS, MD
SAMUEL CHANTILIS, MD	GINGER ISOM-BATZ, MD	CAROLYN THOMAS, MD
GREGORY CHAPMAN, MD	LAUREN MURRAY, MD	MIKA THOMAS, MD
SHEILA CHHUTANI, MD	KAREN LEE, MD	JAMES SANDERS, MD
FRANCES CRITES, MD	NATALIE LIGHT, MD	LIESL SMITH, MD
ALEXANDRA DRESEL, MD	JULIE LIACI, MD	A. JAY STAUB, MD
TARA DULLYE, MD	DAVID LOMBARDI, MD	JEFFREY THURSTON, MD
WALTER EVANS, MD	JONATHAN OH, MD	ALI TOOFANIAN, MD
BRIAN FEAGINS, MD	JANE NOKLEBERG, MD	REBECCA WEPRIN, MD
THEODORE FOGWELL, MD		

The following physicians have partial ownership in
Texas Health
Women's Specialty Surgery Center Dallas

Finding Your Way



MAP KEY

- ⊕ Emergency Department
- A B C D Campus Entrances
- V Valet Parking
- P Public Parking
- ↑ Parking Entrances
- ↑ Building Entrances
- ↑ Direction of Traffic
- Skybridges

Main Hospital & Hamon:
8200 Walnut Hill Lane

Fogelson:
8176 Walnut Hill Lane

Margot Perot:
8160 Walnut Hill Lane

Jackson:
8198 Walnut Hill Lane

Professional 1:
8210 Walnut Hill Lane

Professional 2:
8220 Walnut Hill Lane

Professional 3:
Texas Health Women's
Specialty Surgical Center
8230 Walnut Hill Lane, Suite 101

Professional 4:
8440 Walnut Hill Lane

**Texas Health
Presbyterian Hospital
DALLAS**