

PRE-OPERATIVE CHECKLIST

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- Make an appointment with your primary care physician and make sure you are as healthy as you can be prior to surgery. Please fax all test results to our office.

- If you have a cardiologist, please make an appointment with them as well. We will need a written clearance faxed to our office.

- If you are a diabetic:
 - Check your **A1C** level (blood test) - must be under 7
 - Make sure your sugar levels are under control

- If you are a smoker – cut back or quit prior to surgery.

- Keep your weight as close to your ideal body weight as possible – the more you lose, the easier your recovery will be.

- Use an over-the-counter anti-microbial soap (ex: **Hibiclens**) in the shower the night before and morning of your surgery to help decrease the risk of infection.

FOR ANY QUESTIONS, PLEASE CALL (408) 297-3484.

FAX ALL TEST RESULTS AND CLEARANCES TO (408) 292-6481

Pre-Op Orders

(Typically performed within 10 days of the surgery date)

- Labs:
 - CBC
 - Urinalysis (UA)
 - PT
 - CMP
 - If patient is diabetic, please order A1C.

- EKG

- If patient has pulmonary disease, please order a chest x-ray.

PLEASE FAX ALL RESULTS WITH A WRITTEN CLEARANCE TO (408) 292-6481.

PRE-OPERATIVE RISK STRATIFICATION

Please evaluate and medically optimize our mutual patient:

_____ DOB: _____

for the following orthopaedic procedure: _____

_____ scheduled on ___/___/___.

Comments:

PHYSICIAN SIGNATURE

DATE

PHYSICIAN PRINTED

PLEASE FAX CLINIC NOTE AND ALL RELATED TEST RESULTS TO (408) 292-6481