



**Ritesh R. Shah, MD**

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053  
(847) 375-3000

Valued Visitor,

Thank you for choosing Illinois Bone and Joint Institute and entrusting me with your orthopaedic health care. I believe in providing empathetic, innovative, timely and exemplary care to all my patients, to rapidly restore your function and activity. It is my hope that through this process a bond of mutual trust and respect will be formed.

Many people experience anxiety in anticipation of surgery because they do not know what to expect. I want to provide you with information to help alleviate any concerns you may have. In the enclosed packet, you will find documents to help guide you through the entire surgical process.

Pre-surgical information:

- *Pre-Surgical Checklist* – provides a means to keep track of what you are expected to do in preparation for surgery.
- *Medication Instructions* – list medications that will need to be stopped and clearly indicates when to stop them.
- *Cleansing Instructions* – guides you through the steps necessary to help prevent infection.
- *Educational Information* – provides a guide for blood clot prevention after surgery.

Post-surgical information:

- *Postoperative Recovery Information* - explains various assistive devices you will need to have on hand following your surgery and includes recommendations for post surgical physical therapy.
- *Frequently Asked Questions* – answers common questions patients ask regarding hip arthroscopy, postoperative care and return to specific activities.

With all the options you have available, I am honored that you have chosen IBJI and me for your surgical needs. Please know that I am committed to your care.

If you have any questions or concerns, please reach out to me at any time.

In good health,  
Electronically signed by

Ritesh R. Shah, MD



Patient: \_\_\_\_\_

MR#: \_\_\_\_\_

Preparing for surgery may seem overwhelming at times so I created a checklist to help you navigate through the pre-surgical process. This checklist is in chronologic order, so please begin with the first item and continue to work your way through, completing the last item on the day of surgery.

You have been scheduled for surgery on: \_\_\_\_\_

Your surgical procedure will be: \_\_\_\_\_

Your surgery will take place at: \_\_\_\_\_

Your preoperative lab appointment will be scheduled on: \_\_\_\_\_

Your preoperative appointment will be scheduled on: \_\_\_\_\_

I would like you to see my Physician Assistant (PA) for your first postoperative appointment which will be three weeks following your surgery.

3-weeks postoperative, will be scheduled the week of: \_\_\_\_\_

6-weeks postoperative, will be scheduled the week of: \_\_\_\_\_

16-weeks postoperative, will be scheduled the week of: \_\_\_\_\_

Our office will contact your insurance as needed to authorize your surgery and surgicenter admission.

**Please complete the items below as soon as possible:**

- Medical Clearance – Please contact your primary care physician and make an appointment to be seen two(2) weeks prior to surgery. Clearance needs to be 30 days or less prior to surgery to ensure there were no changes to your health. The surgicenter requires that you be medically cleared and declared healthy enough to have surgery. This usually involves a summary of your medical history, a physical exam, an EKG, and a review of your laboratory work and current medications. If your health condition dictates, other tests or evaluations by other specialists may be necessary.

Medical clearance and test results should be sent to our office at: Fax (847) 929-1145 and to the pre-surgical testing department at: Select.

- Employment and Disability Forms – If you have forms that need to be filled out regarding a disability or for your employer, please forward them to my office for processing.
- Review the “Medication Instructions” sheet so you know specifically if or when any of the medications you are taking will need to be stopped prior to surgery.
- Review the “Cleansing Instructions” for information on purchasing Hibiclens antiseptic soap so you have it on hand for your pre-surgical cleansing.
- Review the "Postoperative Recovery Information" sheet for information on assistive devices that will be needed prior to your surgery.

**One (1) month prior to surgery:**

- Check the “Medication Instructions” sheet for this time period.

**Two (2) weeks or 14 days prior to surgery:**

- See your physician for medical clearance and review of your medications and lab work.
- Check the “Medication Instructions” sheet for this time period.

**One (1) week or 7 days prior to surgery:**

- Check the “Medication Instructions” sheet for this time period.
- Review the "Cleansing Instructions" sheet and begin washing daily with Hibiclens.

**Five (5) days prior to surgery:**

- Check the “Medication Instructions” sheet for this time period.

**Two (2) days prior to surgery:**

- Check the “Medication Instructions” sheet for this time period.
- If you have not already been contacted, expect a call from the surgicenter instructing you on where to go and what time to arrive at their facility.

**One (1) day prior to surgery:**

- To prevent any problems while you are under anesthesia, please do not eat or drink anything after midnight the night before your surgery. The only exception to this is for allowed medications, which can be taken with a sip of water.

**The day of surgery:**

- Shower with Hibiclens the morning of surgery as described in the “Cleansing Instructions” sheet.
- Please arrive at the surgicenter at the scheduled time.
- Remember to bring a picture ID and insurance card(s) with you.
- Please do not bring any valuables or jewelry.
- If you wear glasses or use a hearing aid, please bring these with you. Also if you use a cane, crutches or a walker you may need to bring these to the surgicenter.
- Have someone drive you to the surgicenter. Remember, you will not be allowed to drive yourself home after your surgery and you will not be permitted to leave alone or by taxi.

As you know, I am committed to your care, please feel free to reach out to me if you have any questions or concerns while preparing for your surgery.

**Patient:** \_\_\_\_\_

**MR#:** \_\_\_\_\_

Because of the way certain medications interact with each other and how they work within the body it may be important to stop taking them prior to your surgery.

Please check all the medications you are currently taking against the list I have compiled below. This list will assist you in determining if or when you need to stop your medications. If your medication is not listed or you have been specifically instructed otherwise, you may continue to take your medication, as usual, until the day before surgery.

**Please notify me** if you are taking Narcotic Pain Medications on a regular basis. Weaning off or stopping the medications listed below is highly recommended prior to surgery:

- Hydrocodone
- Norco
- Opana
- Oxycontin
- Percocet
- Vicodin

**One (1) month prior to surgery**, please stop Anti-Rheumatic infusion such as:

- Enbrel
- Humira
- Methotrexate
- Remicade

(Anti-Rheumatic infusions can be resumed one month after surgery.)

**Two (2) weeks or 14 days prior to surgery**, please stop taking the following medications:

- All hormone replacement medication
- All birth control medication
- Celebrex
- Diclofenac potassium (Cataflam)
- Diclofenac sodium (Voltaren, Voltaren XR)
- Diclofenac sodium with misoprostol (Arthrotec)
- Fenoprofen calcium (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Advil, Motrin, Motrin IB, Nuprin)
- Indomethacin (Indocin, Indocin SR)
- Ketoprofen (Actron, Orudis, Orudis KT, Oruvail)
- Magnesium salicylate (Arthritab, Bayer Select, Doan's Pills, Magan, Mobidin, Mobogesic)
- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Naproxen (Naprosyn, Naprelan)
- Naproxen sodium (Aleve, Anaprox)

**One (1) week or 7 days prior to surgery**, please stop taking the following medications to decrease the risk of excessive bleeding:

- All vitamins and herbal supplements
- Aspirin (Anacin, Ascriptin, Bayer, Bufferin, Ecotrin, Excedrin)
- Choline and magnesium salicylates (CMT, Tricosal, Trilisate)
- Choline salicylate (Arthropan)
- Diflunisal (Dolobid)
- Etodolac (Lodine, Lodine XL)
- Oxaprozin (Daypro)
- Piroxicam (Feldene)
- Plavix
- Pradaxa
- Salsalate (Amigesic, Anaflex 750, Disalcid, Marthritic, Mono-Gesic, Salfex, Salsitab)
- Sodium salicylate (various generics)
- Sulindac (Clinoril)
- Xarelto

**Five (5) days prior to surgery**, please stop taking the following medications to decrease the risk of excessive bleeding:

- Coumadin
- Warfarin

**Two (2) days prior to surgery**, please stop taking the following medications for anesthesia purposes:

- Benazepril (Lotensin)
- Candesartan (Atacand)
- Captopril (Capoten)
- Enalapril (Vasotec, Renitec)
- Eprosartan (Teveten)
- Fosinopril (Monopril)
- Irbesartan (Avapro)
- Lisinopril (Lisodur, Lopril, Novatec, Prinival, Zestril)
- Losartan (Cozaar)
- Olmesartan (Benicar)
- Perindopril (Coversy, Aceon)
- Quinapril (Accupril)
- Ramipril (Altrace, Tritace, Ramace, Ramiwin)
- Telmisartan (Micardis)
- Valsartan (Diovan)
- Zofenopril

**You may continue to take** the following medications until the time of surgery:

Acetaminophen	Anti-Rheumatic Medications:
Tramadol/ Ultram	Plaquenil
Tylenol	

I encourage you to contact me as soon as possible if you have any questions related to your medications.

## CLEANSING INSTRUCTIONS

**Ritesh R. Shah, MD**

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053  
(847) 375-3000

**Patient:** \_\_\_\_\_

**MR#:** \_\_\_\_\_

I recommend that you use Hibiclens antiseptic soap to clean your skin prior to surgery. This cleansing process is necessary to help prevent infection and must be completed in order to proceed with surgery.

For your convenience, Hibiclens Antiseptic Antimicrobial Skin Cleanser is available for purchase at our DME Services, located on the first floor of IBJI Morton Grove. Hibiclens can also be purchased at various retail pharmacy locations.



**Seven (7) days prior to surgery** please begin using Hibiclens antiseptic soap in the shower to cleanse your body each day. Continue each day, including the morning of surgery.

Please pay special attention when cleansing the area(s) for your surgery to help prevent infection.

- For hip arthroscopic surgery, cleanse from the waist to the knee, including the groin and buttock areas.

Patient: \_\_\_\_\_

MR#: \_\_\_\_\_

**Guide for Blood Clot Prevention** - 325mg of aspirin is recommended, beginning the evening of surgery and continuing twice a day for 14 days.

**Homefit DVT pumps** - Homefit DVT pumps have been prescribed for you to use following your hip replacement, or hip arthroscopy, to prevent deep vein thrombosis (DVT), more commonly known as a blood clot. Please use this device in conjunction with the drug therapy prescribed. Although a general set of guidelines can be found below, you may receive instruction from me that differs slightly, as you progress.

Please have a family member, or friend, bring the device to the surgicenter when you are ready to be discharged. Although it is not to be used during your stay, it should be used when you leave the surgicenter and will continue to be used at home.

You will be wearing the DVT pump at all times over the next 4-6 weeks when not exercising, performing physical therapy, or walking any distance. It is even to be worn to bed, while sleeping. For example, if you are sitting watching TV and have to use the restroom, you can leave the device on to walk to the bathroom and back. If you are going for a walk around the block for exercise, you would remove the device. As you increase your mobility, you will find you are wearing the device less and less. Further instruction will be given to you at your first postoperative appointment, 3 weeks after surgery.

---

**Travel Precautions** - If you have had a hip arthroscopy and are taking a trip (plane, train, bus or car) longer than 3 hours, I recommend a single dose of aspirin along with the Homefit DVT pump(s) as a DVT prophylaxis. The aspirin should only be used during travel as there is no need to take it before or after traveling. If you have any questions regarding travel, please contact my office: (847) 324-3902

If you have any questions or problems regarding the Homefit DVT pumps, please contact:

DME Services, (847) 779-6091  
M-F 8:30am - 6:00pm

**Ritesh R. Shah, MD**

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053  
(847) 375-3000

**Patient:** \_\_\_\_\_

**MR#:** \_\_\_\_\_

### **Assistive Devices**

Listed below are several assistive devices you will need to order in advance of your surgery. These devices will be helpful during your recovery process.

For your convenience, these can be ordered directly through our DME Services department at:

DME Services  
9000 Waukegan Road (First floor, south entrance)  
Morton Grove, IL 60053  
Phone (847) 779-6091

After surgery, you will be toe-touch weight-bearing for three weeks.

- **Crutches** - For optimum recovery and healing, crutches will be needed for the first three weeks following your surgery. These will help keep all the weight off your operative leg.
- **Hip Arthroscopy Brace** - This brace will need to be worn at all times for six weeks following your surgery and can be worn over your clothing. The brace will keep you from making any extremes of motion in the hip, preventing you from rotating the hip and limiting your flexion (movement).
- **Ice machine** - Please use this for 20-30 minutes at a time, multiple times per day. You will find ice to be very beneficial after physical therapy.

Please bring the three items listed above to your surgery. We will put them on for you after your procedure.

- **Continuous Passive Motion Machine** - As described in the physical therapy protocol which follows, you will use this machine for four to six hours per day for the first three weeks following surgery. Use of this machine will prevent stiffness and help with your range of motion. The Continuous Passive Motion machine will need to be returned to DME Services after three weeks of use.

### **Physical Therapy**

The Physical Therapy protocol attached at the end of this surgery packet has been created specifically for my hip arthroscopy patients. Phase 1 of this therapy schedule has been laid out for optimum recovery and muscle strengthening during the first 3 weeks of therapy. Physical Therapy should begin 5-7 days after surgery. Our IBJI therapists already have and are very familiar with my protocol. However, if you choose to go elsewhere, please bring my protocol with you so the therapists will be aware of the program I created for you.

You will be given a new physical therapy prescription when we see you at your first postoperative appointment, three weeks following your surgery.



**What is a labrum?**

A ring of fibrocartilage that lines the outside rim of your hip socket, aka the acetabulum. It cushions the hip joint and serves as a seal to stabilize the hip.

**What are symptoms of a labral tear?**

Labral tear pain is often called "C sign" pain and can be located anteriorly, laterally, and posteriorly to your hip joint. It occurs with activity and can also occur with deep flexion such as prolonged sitting, driving, or sitting to standing. You can also experience decreased range of motion and/or a locking or clicking sensation.

**What is CAM FAI?**

Labral tears are most commonly caused from hip impingement syndrome, called CAM FAI. The femur bone often has an area of convexity that impinges on the labrum when you are being active and the leg bone is rotating in your hip socket.

**How do I treat my pain?**

Physical therapy for gluteus, quadriceps, and hip flexor strengthening is a good conservative step to help with hip pain. Other options include activity modification, injections and surgery to repair the labrum.

**What is hip arthroscopy?**

Hip arthroscopy is outpatient surgery done to put stitches around and repair the labrum. This is done through two small incisions and with the help of a camera and takes about 90 minutes.

**What is recovery like?**

While there is minimal pain after surgery, mostly some muscle soreness, it requires three weeks of crutches, six weeks of a hip brace, and about 2.5 months of therapy.

**What is my expected return to play?**

You are allowed to return to sports at about 4.5 months after surgery. Expectation is to return to exercise, sports competition, and daily activity pain free.

For more information, to see patient testimonials and videos, and to learn about my training experience, please visit: <http://rapidrecoveryreality.com>

## FREQUENTLY ASKED QUESTIONS Following a Hip Arthroscopy

### **What do I do if I have fever over 102°, chills, drainage from incision, calf pain, chest pain or shortness of breath?**

If you experience any of these symptoms, please call our office for further instruction. If it is after hours or on weekends, please call the on-call physician at (847) 375-3000.

### **When can I resume my usual diet?**

You can resume your usual diet as tolerated. Be sure to take pain medication with food to reduce side effects. Drink plenty of fluids to avoid dehydration.

### **How active should I be after surgery?**

Every patient heals, recovers, and rehabs at a different pace. In general, it is best to stay out of bed during the day as much as possible. Elevating your legs when you are lying down can help control swelling. Continue the exercises shown to you by your physical therapist.

### **When can I shower after surgery?**

Please do not shower for two days following your surgery as the dressing under your hip brace will be bulky. On the third day you may remove the dressing, leaving the steri-strips in place. Cover the site with waterproof bandages for the next five days when showering. After that, allow the steri-strips to fall off on their own.

### **When can I take a bath?**

Please wait 6 weeks before soaking in a bath tub.

### **When can I swim (pool, lake, river, hot tub)?**

Please wait 6 weeks after surgery.

### **What is my weight bearing status?**

Since you will be using crutches, you will be toe-touch weight bearing for 3 weeks following surgery.

### **When can my partner and I resume intimacy?**

As you will be wearing your hip brace at all times, it is usually recommended that you wait 6 weeks following surgery to resume intimacy.

### **When can I play golf?**

You may resume playing golf 4-5 months after surgery.

### **When can I ride a stationary bicycle?**

You are allowed as tolerated, but must ride without resistance and on a bicycle with a high seat.

## **FREQUENTLY ASKED QUESTIONS**

### **Following a Hip Arthroscopy - Continued**

#### **When can I return to the gym and resume exercise?**

You will be using crutches, and will be toe-touch weight bearing for 3 weeks following surgery. No running for the first 3 months after surgery. For other activities, such as incline running, golf, dancing, etc., please wait 4-5 months following surgery.

#### **When can I drive a car?**

Please use discretion, such as no driving within 4 hours of taking narcotic pain medications. For right sided surgery, please wait at least 4 weeks after surgery before driving. For left sided surgery, you may resume driving sooner as long as you are driving an automatic vehicle.

#### **How long will it be before I am able to travel?**

You are allowed to ride in a car as soon as you are comfortable. Please take a break every 2 hours and walk around for 10 minutes to reduce risk of blood clots. I prefer you avoid flying in an airplane for 4 weeks after surgery. If you fly, it is preferred that you have an aisle seat and get up and walk every hour.

#### **When can I return to work?**

This will depend on several variables, including your progress in rehab, the physical demands of your job, and whether or not your job offers reduced duty. The goal is to get you back to work as quickly as possible without risking your personal safety.

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

## Hip Arthroscopy / Osteoplasty Rehabilitation Protocol Labral Repair

### GENERAL INSTRUCTIONS

#### Exercise Precautions / Weight-Bearing

- Active hip flexion to 90 degrees within patient comfort level
- Passive hip flexion to 60 degrees within patient comfort level
- Toe Touch Weight Bearing x 3-4 weeks, then progress to full weight bearing
- No Internal rotation / External rotation for 4 weeks

#### PHASE 1 (0-4 weeks)

- Continuous Passive Motion Machine (CPM) to 60 degrees of hip flexion for at least 4-6 hours/day for 2-4 weeks
- Ice 2-3 times per day x 20-30 minutes

#### Exercises

- Quad sets/glut sets/ankle pumps
- Heel slides to 90 degrees (Active and passive ROM within comfort and may use assistance of towel or belt around thigh)
- Active / Active assisted ROM in all planes within patient comfort level and within exercise precautions
- Side bridge with adductor facilitation – knees bent
- Standing hip abduction
- Upright stationary bike – minimal resistance, may start day after surgery
- Stretch hamstrings, if needed (Stretch with hip in flexion – 90/90 position)

#### Ambulation

- Cue to lift heel quickly after mid-stance. Avoid twisting or rotation of acetabulum on the femur under loaded conditions.

#### Activities of Daily Living

- Sit to Stand – scoot forward, keep knees over feet, may straddle feet (foot back on uninvolved side)

#### In and Out of Car

- Patient's backside faces seat, sit and move hips and trunk together. May assist with hands to lift involved hip.

### **Sleeping**

- Supine – pillows under knee
- Side lying – pillow between knees
- Prone – pillows under hip

### **Mobilization**

- A/P glide and long axis distraction

## **PHASE 2 (4-8 weeks)**

### **Exercise Precautions / Weight Bearing**

- Progression to full weight bearing per M.D.
- Hip ROM within patient comfort level, Do NOT push hip ROM

### **Exercises**

- Aquatic exercise – cleared suture sites prior to aquatic training and at least 50% weight bearing. Box walking / flutter kick with kick board
- Weight shift progressing to side stepping in standing to right and left with progression to use of theraband for resistance above knee.
- Aerobic activity – upright bicycle, pool, elliptical
- Quadruped: rocking backward within patient comfort level
- Closed chain strengthening in accordance with weight bearing status including step-ups / wall slide
- Bent knee fall out
- Planks/Core strengthening
- Lower extremity flexibility program within patient comfort level

## **PHASE 3 (8-12 weeks)**

### **Exercises**

- Hip Rotation – resisted LR with hip extended (standing – theraband around foot) and hip flexed (sitting theraband around ankle)
- Proprioceptive training
- Advance bridging program
- Cable Column hip strengthening

## **Phase 4 (>12 weeks)**

### **Exercises**

- Lunge Matrix / Tri-planar movements, NOT Too Deep (see attached)
- Functionality agility drills
- Sport specific drills / plyometric progression
- Dynamic balance drills

## **RETURN TO MOST SPORTS / RUNNING (>12 weeks)**

- Full pain-free ROM
- Completion of a sports specific loading and functional training program
- Cardio respiratory fitness at pre-injury level
- Strength testing > 90% of uninvolved side



**PREOPERATIVE HISTORY AND PHYSICAL  
(MEDICAL CLEARANCE)**

**Ritesh R. Shah, MD**

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053  
Phone (847) 375-3000

**MR#:** \_\_\_\_\_

**Patient:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Thank you for choosing Illinois Bone and Joint Institute and allowing me to participate in your orthopaedic surgery needs. In order to undergo surgery safely, you must be medically cleared and declared healthy enough to have surgery. Please have the enclosed Preoperative History and Physical (H&P) Medical Clearance form and additional test(s) or lab results completed by your physician.

The following labs/tests will be necessary for preoperative clearance:

- Preoperative H&P
- Labs: CBC w/diff, BMP, PT/INR, UA EKG
- Possible Chest X-ray (Only if there is history of TB, Pulmonary nodule, etc.)


Completed Preoperative H&P Medical Clearance form, lab and test results should be sent back to my office via: Fax (847) 929-1145, and to pre-surgical testing at Select Facility as soon as possible but at least one week prior to your scheduled surgery.

If you should have any questions, please contact my office at: (847) 324-3902.

In good health,  
Electronically signed by

Ritesh R. Shah, MD

## PREOPERATIVE HISTORY AND PHYSICAL (MEDICAL CLEARANCE)

Patient's Name:		DOB:	Sex:	 <p>ILLINOIS BONE &amp; JOINT INSTITUTE®</p> <p>Move better. Live better.</p> <p><b>Surgeon: Ritesh R. Shah, MD</b> 9000 Waukegan Road, Suite 200 Morton Grove, IL 60053 Phone (847) 375-3000 ~ Fax (847) 929-1145</p>
Chief Complaint:		Age:		
Diagnosis:				
Proposed Plan / Surgery:				
Significant Medical Hx:	LMP:			
1.	5.			
2.	6.			
3.	7.			
4.	8.			
Previous Surgeries:				NORMAL
1.	4.			HEENT/Neck: <input type="checkbox"/> _____
2.	5.			
3.	6.			
Family / Social History:				Heart: <input type="checkbox"/> _____
Hx Sleep Apnea:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CPAP Mask:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lungs/Chest: <input type="checkbox"/> _____
Tobacco Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance Abuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____		
Allergies:				Musculoskeletal <input type="checkbox"/> _____
Medications / Herbals / OTC:				Abdomen: <input type="checkbox"/> _____
1.	5.			
2.	6.			
3.	7.			Genitalia/Pelvis: <input type="checkbox"/> _____
4.	8.			
<b>FUNCTIONAL EXERCISE CAPACITY:</b>				
<input type="checkbox"/> Adequate for proposed surgery		<input type="checkbox"/> Not adequate * <input type="checkbox"/> Cannot assess *		Extremities: <input type="checkbox"/> _____
Comments: _____				
		*consider cardiac evaluation		
Recent Stress Test/Angiogram (if applicable): _____				Neuro: <input type="checkbox"/> _____
<b>RESULTS OF OTHER PERTINENT TESTS AND DATE(S) OF TEST:</b>				
(i.e. Echo/PFT's/ABG's/Carotid studies/Apnea studies/Labs/ Pregnancy test/ etc.)				<b>IMPRESSION:</b>
				<input type="checkbox"/> Patient has been medically evaluated and is optimally prepared and a reasonable risk to undergo proposed surgery.
				<input type="checkbox"/> Patient is not a candidate for proposed surgery.
				<input type="checkbox"/> Patient is prepared to undergo proposed surgery pending: _____
<b>SPECIAL PERI-OPERATIVE RECOMMENDATION / COMMENTS:</b>				
(i.e.β-blockade/Postoperative monitors, etc. other issues)				
Other issues:				Evaluating Physician's Printed Name
				Evaluating Physician's Signature
				Phone Number _____ Date