



**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 orthopedic 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.

Post-surgical information:

- *Rehabilitation Information* – explains options available regarding your postoperative care.
- *Post-Surgical Antibiotic Information* – provides my recommendations to you and your dentist regarding the need for prophylaxis antibiotics prior to any dental work.
- *Educational Information* – provides a guide for blood clot prevention, information regarding travel and handicapped parking and also my personal website for additional information on what you can expect during surgery.
- *Frequently Asked Questions* – answers common questions patients ask regarding their 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

Prepared by: Brandon Palumbo



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 schedule the week of: \_\_\_\_\_

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

1-year postoperative, will be scheduled the week of: \_\_\_\_\_

Our office will contact your insurance as needed to authorize your surgery and hospital 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 hospital 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 via: Fax (847) 929-1145 and to the pre-surgical testing department at: \_\_\_\_\_ .
- 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 “Rehabilitation Information” to make arrangements in advance, for your care.
- Review the "Educational Information" so you are prepared for your surgery and towards your recovery.

- Employment and Disability Forms – If you have forms that need to be filled out regarding a disability or for your employer, please send to my office via: Fax (847) 929-1145, for processing.

**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.
- Blood Typing – It is important that we learn your blood type prior to surgery. Please go to the appropriate facility below and have a Type and Screen blood test done 14 days or less, but no greater than 14 days, prior to surgery. You will need to bring the attached Generic Prescription with you for this test. Although you do not need an appointment for this blood test, you will need to register when you arrive at the facility.

Generally, I do not recommend donation of your own blood prior to surgery. However, if there are circumstances that require it, you will be notified.

- 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 hospital instructing you on where to go and what time to arrive at their facility.

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

- Check the “Medication Instructions” sheet for this time period.
- 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.
- If you have not already been contacted, expect a call from the hospital/surgical center between approximately 2pm and 6pm the day prior to surgery instructing you on where to go and what time to arrive at the hospital/surgical center.

The time of surgery is dependent on several factors including operating room and equipment availability as well as the needs of individual patients. Once that time is set, it cannot be changed. Please refrain from calling our office regarding surgery times; the hospital will call you.

**The day of surgery:**

- Shower with Hibiclens the morning of surgery as described in the “Cleansing Instructions” sheet.
- Please arrive at the hospital at the scheduled time.
- Remember to bring a picture ID and insurance card(s) with you to the hospital.
- Please do not bring any valuables or jewelry to the hospital. The hospital is not responsible for lost or stolen items.
- 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 hospital.
- Have someone drive you to the hospital. Remember, you will not be allowed to drive yourself home after your surgery and you will not be permitted to leave the hospital alone or by taxi.

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**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 joint replacement 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)
- Methotrexate
- 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
- Allergy medications with a decongestant
- 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                      Eliquis                      Warfarin  
(Pre-surgical anticoagulants can be resumed 3-weeks postoperative)

**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 medication: Plaquenil
- Tramadol/ULtram                      Allergy medications without decongestants
- 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.

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

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

### Outpatient/Rapid Recovery Protocol

**Rehabilitate at Home (Home Health Services)** – In the past, many patients have gone to a rehabilitation center for their post-acute care after joint replacement surgery. Recent advances in surgical techniques, pain management, and accelerated rehabilitation protocols allow patients to be discharged directly home from the hospital. Patients in good health, with support at home, and with a safe environment are the ideal candidates to recover at home after surgery.

*Outcome studies after joint replacement surgery favor rehabilitation at home and therefore, I prefer to send my patients to recover in the comfort and privacy of their own home whenever possible.*

Home health agencies are available to provide services, including visits from nurses and therapists, at your home during the first 1-2 weeks after surgery. Below is a brief list of home health agencies that I recommend:

Aspire Home Health Care, (877) 270-1812  
One home Health Care, (630) 451-9020  
Advocate at Home, (800) 564-2025  
Crystal Home Health Care (847) 257-7620

**Rehabilitate at a Facility (Skilled Nursing Facility)** – Although we don't recommend a skilled nursing facility and prefer patients rehabilitate at home, some patients will require the services of a nursing home after their discharge from the hospital. These facilities provide physical therapy and nursing care. Patients discharged to these facilities usually stay for a limited period of time before going home. The final decision on whether an individual is ready for home care is a joint decision between the patients and the care team at the rehabilitation facility.

### Outpatient Physical Therapy

If Outpatient Physical Therapy is recommended as your best option, you will be provided with a prescription for that therapy at your preoperative appointment. Choose a location that is near your home. Please contact my staff prior to scheduling your first outpatient Physical Therapy appointment so that we can send the appropriate orders. Since you may not be able to drive, you may need someone to give you a ride to your appointments. Appointments are generally 2 to 3 times per week for 6 to 8 weeks following surgery.

Please do not hesitate to contact me regarding your post-surgical care options, (847) 324-3902.



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

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

My goal is for you to remain well after your total hip or knee replacement. To that end, I will need you to take antibiotics one(1) hour prior to any dental procedure as this is crucial in preventing bacteria from infecting the implant.

- If you are healthy, you should take antibiotics 1 hour prior to having a dental procedure for the first 2 years after your total hip or knee replacement.
- If you are at risk for infection, you should follow these antibiotic guidelines for life.
- You are considered to be at risk for infection if you suffer from: immunosuppression, inflammatory disease such as Lupus or Rheumatoid Arthritis, Diabetes, HIV, smoking, obesity, or have had a prior joint infection.

Your primary care physician should be able to answer any questions regarding your immune status. However, if you do not have a primary care physician please contact me so we can work together to avoid serious infections.

It is important that you notify your dentist of your total joint replacement, prior to having any dental work done, so he/she can take the proper steps to avoid serious infection.

My office will provide you with your first prescription for antibiotics, subsequent prescriptions should be provided by your dentist.

For your convenience, my recommendations to your dentist for prophylaxis antibiotics the first 2 years following joint replacement surgery are listed below:

**Standard General Prophylaxis:**

- Amoxicillin: Adult 2 grams orally, 1 hour prior to procedure

If Aaaaaaa is –

**Unable to take oral medications, please prescribe:**

- Ampicillin: Adults 2 grams IV or IM, within 30 minutes of procedure

**Allergic to Penicillin, please prescribe:**

- Clindamycin: Adults 600 mg orally, 1 hour prior to procedure – or –
- Cephalexin or Cefadroxil: Adults 2 grams orally, 1 hour prior to procedure – or –
- Azithromycin or Clarithromycin: Adults 500 mg orally, 1 hour prior to procedure

**Allergic to Penicillin and unable to take medications, please prescribe:**

- Clindamycin: Adults 600 mg IV, within 30 minutes prior to procedure – or –
- Cephazolin: Adults 1 gram IV or IM, within 30 minutes prior to procedure

Please contact me prior to dental work if you have any questions regarding your need for antibiotics.

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

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

### Guide for Blood Clot Prevention - Homefit DVT pumps

Homefit DVT pumps may be prescribed for you to use following your hip/knee replacement, or hip arthroscopy, depending on comorbidities, 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 hospital prior to your discharge, if your ride home will be more than 30 minutes. Although it is not to be used during your hospital stay, it should be used when you leave the hospital and will continue to be used at home or at a rehabilitation facility.

You will be wearing the DVT pump at all times over the next 3 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.

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**Travel Precautions** - If you have had a hip or knee replacement or revision hip or knee replacement, 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

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

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

**Information Regarding Handicapped Parking** – Per Illinois State law (625 ILCS 5/1-159.1):

Joint replacement surgery does not constitute a disability and therefore the doctor cannot authorize handicapped parking privileges except on a temporary basis or 90 days from your surgery date.

The application specifically states that physicians can be fined for making false or misleading statements on the application.

Illinois Bone and Joint Institute Physicians will not break the law.

If you need a handicapped parking sticker, you can request the form from my Physician Assistant at your first postoperative appointment.

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For additional information you may want to visit my personal website

**<http://rapidrecoveryreality.com/>**

If there is anything that creates uncertainty, please contact me to discuss.

## **REGARDING SURGERY**

### **What time is my surgery?**

The hospital or surgery center will call you approximately between 2pm and 6pm the day before surgery to advise you of the time of your surgery and when to arrive at the hospital and where to go. The time of surgery is dependent on several factors and once it is set, it cannot be changed. Please refrain from calling my staff regarding surgery times as the hospital will call you.

### **Do I need to fast prior to my lab work?**

Fasting is not required prior to your lab work.

### **When can I go for my blood type and screen?**

Blood type and screen testing must be done 14 days or less prior to your surgery date.

### **I already know my blood type or already had this tested, why do I have to do this again?**

The hospital requires a recent test as we also screen for antibodies in your blood and these can change over time.

### **I had a physical last month, can I use that as my pre operative medical clearance?**

Your preoperative medical clearance with your primary care physician must be performed within 30 days of your date of surgery. Additionally, when scheduling this appointment please allow enough time between your lab appointment with IBJI and your appointment with your primary care provided for us to send them your lab work for review.

### **Can I have a manicure and pedicure prior to surgery?**

We advise against this. The nail polish can interfere with sensors used to monitor you during and after surgery.

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

You should only drive once you are no longer taking narcotic pain medication and have the strength and control in your body to safely control your vehicle. This time frame varies for each individual patient.

**REGARDING TOTAL HIP OR KNEE REPLACEMENT AND REVISION**

**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?**

You are allowed to shower immediately if you have an Aquacell bandage over your wound. Otherwise, please wait 5 days after surgery if you were closed with Monocryl sutures.

**When can I take a bath?**

Please wait 6-8 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?**

In most total hip or knee replacements, and even in most revisions, you will be weight bearing as tolerated. There may be specific cases or circumstances where you may be touch-down weight bearing and even non-weight bearing. This will be clearly indicated to you prior to your discharge.

**After surgery are there any hip precautions?**

There are no posterior hip precautions unless stated after surgery.

**How long should I use a walker?**

As long as needed until you feel stable.

**How long should I use a cane?**

As long as needed until you feel stable.

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

You may resume as tolerated.

**FREQUENTLY ASKED QUESTIONS – Continued**  
**Total Hip or Knee Replacement and Revision**

**When can I play golf?**

You may resume as tolerated.

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

You are allowed as tolerated.

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

You are allowed to return as tolerated.

**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 hour 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.

## PREOPERATIVE HISTORY AND PHYSICAL (MEDICAL CLEARANCE)

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