

## **IMPORTANT OPERATIVE DETAILS**

PATIENT NAME:	
PHYSICIAN:	
PROCEDURE:	
SURGERY DATE:	
SURGERY DATE:	
LOCATION:	
MAKE AN APPOINTMENT WITH YOUR FAMILY PHYSICIAN TO OBTAIN MEDICAL CLEARANCE/PRE-ADMISSION TESTING FOR:	
EKG/ECG (Good within 6 months)	SMA 12/BMP
CBC	PT/PTT
CMP	CXR
MRSA	Urinalysis & culture
MRSA swab	Type & screen

ALL MEDICAL CLEARANCE/PRE-ADMISSION TEST RESULTS MUST BE EMAILED TO EKSM370@GMAIL.COM OR FAXED TO 201.567.8049 ONE WEEK PRIOR TO YOUR SCHEDULED SURGERY DATE.

YOUR RESULTS MUST BE FAXED ON OR BEFORE: