NEW MEXICO ORTHOPAEDICS

Dr. Daniel W. Junick, MD
William Yelverton PA-C
Direct Office #: (505) 724-4346 Fax: 338-5369

PRE-OPERATIVE INSTRUCTIONS

To: Primary Care Provider

RE: _____DOB:_____

Our mutual patient has been scheduled for a Total _____ ___Replacement.

On _____ at Presbyterian Main, Lovelace Downtown or Kaseman/NMSC.

Please evaluate the patient and provide clearance/optimization/perioperative recommendations regarding medical issues. The patient will need the following studies as part of the routine pre-operative workup.

- EKG (not more than **6** months prior to surgery)
- CBC, PT, PTT, CMP, Hemoglobin A1C & UA with C&S (not more than **30** days prior to surgery).
- We also need a copy of your evaluation stating the patient is a suitable candidate for joint replacement surgery.

I hope these studies help expedite the process, and I thank you in advance for your assistance.

Please fax these reports to me at (505) 338-5369. **ATTN Dr. Junick**, as soon as they are available. It would be helpful to request copies to be sent to my office when the test is ordered. Your assistance is greatly appreciated. If you have any questions regarding this matter, please feel free to contact me at (505) 724-4346 and ask for my Medical Assistant Danielle Dominguez.

Thank you,
D. Junick
Daniel Junick MD
(PT MUST ALSO HAND CARRY COPY OF REPORTS TO MY OFFICE ON NEXT SCHEDULED APPOINTMENT).