

Name:  
Chart:  
Date:

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KENNEDY WHITE ORTHOPAEDIC CENTER  
PRE-PROCEDURE INSTRUCTIONS

Patient's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

1. **BLOOD THINNERS:** If on blood thinners, a cardiac clearance will be done before the procedure is scheduled. If your doctor recommends Lovenox, you must stop it 12 hours before your scheduled procedure.
2. Loose fitting clothes with elastic waist recommended (no zippers or belts).
3. **IF NOT HAVING SEDATION, YOU MAY EAT, DRINK AND A DRIVER IS SUGGESTED BUT NOT REQUIRED.** A local anesthetic will be used on all procedures.
4. **IF HAVING IV SEDATION:**

IF YOU PLAN ON RECEIVING IV SEDATION FOR YOUR PROCEDURE, YOU MUST FOLLOW THESE INSTRUCTIONS:

- **Fasting Required:** Nothing to eat or drink for 8 hours prior to your appointment time. You may take medications with a sip of water.
- No candy or gum.
- **DIABETICS:** Early morning appointment is suggested. If on long acting insulin, take 1/2 of your usual dose. DO NOT take oral diabetic medications.
- You MUST have someone who will accompany you into your home. (No taxi / bus rides.)
- You MUST have a caregiver stay with you for 24 hours following your procedure.

\* PLEASE LEAVE VALUABLES AT HOME AS WE ARE NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

\* Please bring a complete list of medications you are currently taking.

*Please notify us as soon as possible if you are unable to keep your appointment, if ill, or have a fever.  
Please call 941-365-0655.*

*Please arrive 20 minutes prior to your scheduled procedure time, and allow for 1-2 hours.*

Pre-op instructions were given to patient over the phone. Patient understand instructions.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kennedy-White Orthopaedic Center**

I have received a copy of Dr. Michael Feiertag's Post-Op Instructions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Kennedy-White Orthopaedic Center

## NOTICE TO SURGERY PATIENTS

We call your insurance company to verify benefits and coverage for your scheduled surgical procedure and to get the procedure authorized; HOWEVER, this is NOT a guarantee of payment. All payments are based on your insurance companies determination of medical necessity, and your benefits and coverage in effect at the time the surgery is performed.

Your surgical procedures require a physician assistant. The charge for the physician assistant will be submitted to your insurance company. If your insurance company does not cover the services of the physician assistant you will be responsible for a \$100 charge.

Please note that any deductible or co-insurance will be collected by our office prior to your surgical procedure.

Anesthesia is not covered under the hospital portion of the bill for your surgery and will be billed separately by the anesthesia group.

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Signature of Patient

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Date

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Printed Name of Patient