

**ARP FOOT & ANKLE CLINIC, PA
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PREOPERATIVE ORDERS – IN OFFICE SURGERY

Please report to the **OFFICE** ON _____ at _____ o'clock.

Reminders:

1. You will need to take it easy for one week after surgery, with limited weight bearing allowed.
2. You may take the medicine that you normally take the morning of surgery. **All blood thinners and aspirin need to be stopped 3 to 4 days prior to surgery (otherwise, surgery will have to be rescheduled).**
3. **DO NOT** return to work the day of surgery. You will need to ask the doctor when you can return to work.
4. Ask the office if you will be able to drive yourself home after surgery. (right foot surgery patient's **WILL** need a driver)
5. You will be wearing a post-op shoe or a walking boot after surgery.
6. **If your insurance company requires precertification, it is your responsibility to notify your insurance company of upcoming surgery.** This **does not** apply to our Medicare primary patients. We will endeavor to do the same, however, you should initiate the process by calling the precertification number on your insurance card.
7. Your insurance company will ask for the appropriate treatment codes for your procedure. Your surgery treatment codes are:

1.) _____ 3.) _____ 5.) _____

2.) _____ 4.) _____ 6.) _____