

ARP FOOT & ANKLE CLINIC, PA
DR. ERIC A. ARP
801 S COLLEGE ST STE 1
MOUNTAIN HOME, AR 72653
870-425-7363

PREOPERATIVE ORDERS – OUTPATIENT SURGERY

Please report to the **EAST LOBBY ADMMISSIONS DESK ON**
_____ at _____ o'clock. This is approximately one hour
before surgery.

Reminders:

1. **DO NOT** eat or drink anything after midnight prior to surgery.
2. Please take a complete medication list (include dosages and strengths) with you to the hospital.
3. You may take the medicine that you normally take the morning of surgery with a **SMALL** amount of water. **All blood thinners and aspirin need to be stopped 3 to 4 days prior to surgery.**
4. Please do not wear nail polish.
5. Leave all jewelry at home.
6. Make arrangements for someone to bring you home from the hospital. You will **NOT** be able to drive.
7. **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.

8. Your insurance company will ask for the appropriate treatment codes for your procedure. Your surgery treatment codes are:

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

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

9. Our fees are for your surgeon. You will also receive statements from other providers such as the hospital, anesthesiologist, and pathologist.