



*World-Class Team. Morristown Choice.*

## **PRE-SURGERY INSTRUCTIONS – PLEASE READ CAREFULLY**

- 1) To avoid cancellation of your surgery, please read all forms in your surgical packet carefully:
  - a. Physicians Order for patient testing (script for lab work and EKG)
  - b. Joint Replacement Questionnaire
  - c. Instructions for Inpatient/Outpatient Surgery Total Joint Replacement
  - d. Medical/Cardiac Clearance Instructions
  
- 2) Please call the Pre-Procedural Evaluation Center at (973) 971-6800 to schedule your pre-op testing as soon as you receive this surgical packet. Schedule your testing to be done within 30 days of your surgery date. These are non-fasting tests unless you are indicated for an A1C blood test. Please tell them which joint you are having replaced and what testing you need to be done. This can be found on the form titled: Physicians Order Form Patient Testing. Educational information/requirements will be provided to you at your pre-testing appointment. They are open Monday – Friday, 8:00 am – 3:00 pm to make appointments.
  
- 3) Please do not schedule your pre-admission test and clearance(s) before \_\_\_\_\_, but have completed by \_\_\_\_\_. This is to ensure we have all clearance back in time to submit to Morristown Medical Center.
  
- 4) Make an appointment with your Primary Care Physician and specialists (which we would have talked about) 3-4 days after your pre-admission testing. The results of the tests will be faxed to your doctor by the Pre-Procedural Evaluation Center for his/her review to clear you for surgery. Your physician will fax the clearance to me at (908) 429-7960

### **FAILURE TO COMPLY WITH ANY OF THE ABOVE MAY RESULT IN THE CANCELLATION OF YOUR SURGERY**

Your surgical date is \_\_\_\_\_ (time to be determined) at Morristown Medical Center, located at 100 Madison Avenue, Morristown, NJ. The hospital's contact phone number is (973) 971-5000. I will call you 1-2 days before to confirm your assigned surgical time. Arrival at the facility will be 2 hours before your scheduled surgery time. Nothing to eat or drink after midnight.

PREOP APPOINTMENT w/ MARY MORAN, PA: \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_ 197 Ridgedale Ave, Ste. 210 Cedar Knolls, NJ 07927 \_\_\_ 757 Route 15 Lake Hopatcong(Jefferson), NJ 07849 \_\_\_ 465 Union Ave, Ste C Bridgewater, NJ 08807

POST OP APPOINTMENT: \_\_\_\_\_ at \_\_\_\_\_  
Office: 465 Union Ave, Ste C Bridgewater, NJ 08807

If you have any questions about the enclosed packet, please call me.

Jennifer Keating  
Surgical Coordinator  
P: 973-538-2334, ext. 740  
F: 908-429-7960  
Email: [jkeating@tri-countyortho.com](mailto:jkeating@tri-countyortho.com)

## **CHECKLIST FOR SURGERY**

**IT IS IMPORTANT TO COMPLETE EVERYTHING ON THE CHECKLIST TO PREVENT YOUR SURGERY FROM BEING CANCELED!!**

1. CALL THE PREADMISSION TESTING CENTER AT (973) 971-6800 TO SCHEDULE YOUR LABWORK AND EKG. **THIS MUST BE DONE AT MORRISTOWN. THE OTHER ATLANTIC HEALTH FACILITIES CAN NOT COMPLETE THE TESTING NEEDED FOR YOUR SURGERY**
2. CALL YOUR PRIMARY CARE PHYSICIAN TO BOOK A MEDICAL CLEARANCE APPOINTMENT. AT THIS APPOINTMENT, THEY WILL REVIEW YOUR PREVIOUSLY COMPLETED LABWORK AND EKG
3. IF YOU REQUIRE CLEARANCE FROM OTHER DOCTORS SUCH AS A CARDIOLOGIST, PULMONOLOGIST, HEMATOLOGIST, ETC. PLEASE CALL AND SCHEDULE THAT AS WELL. (WE WOULD HAVE DISCUSSED THIS WHEN WE BOOKED YOUR SURGERY)
4. COMPLETE THE JOINT SURVEY FORM IN THE PAPERWORK PROVIDED. **PLEASE BRING THESE WITH YOU TO YOUR APPOINTMENT SCHEDULED IN OUR OFFICE AND GIVE THEM TO THE PHYSICIAN ASSISTANT OR YOU MAY EMAIL THEM TO ME.** IF YOU COMPLETE THESE FORMS ON YOUR MyCHART ACCOUNT WITH ATLANTIC HEALTH, YOU WILL STILL NEED TO COMPLETE OUR FORMS
5. WRITE DOWN ANY QUESTIONS YOU MAY HAVE SO YOU CAN DISCUSS THEM AT YOUR OFFICE CONSULT VISIT WITH OUR OFFICE
6. YOU WILL RECEIVE A TEXT ALERT FROM MYMOBILITY APPROXIMATELY 30 DAYS PRIOR TO SURGICAL DATE. PLEASE CLICK ON THE LINK AND COMPLETE THE REGISTRATION PROCESS AS SOON AS POSSIBLE
7. FOR QUESTIONS REGARDING DISABILITY PAPERWORK, PLEASE CONTACT DR. DUNDON'S MEDICAL SECRETARIES AT (908) 429-7600 OR FAX FORMS TO (908) 429-7960. PLEASE REMEMBER, TURN AROUND TIME FOR COMPLETED DISABILITY PAPERWORK CAN TAKE UP TO 10 BUSINESS DAYS



World-Class Team. Hometown Choice.

Phone: 973-538-2334

Fax: 908-429-7960

PRE-OPERATIVE MEDICAL CLEARANCE

Patient Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Requesting Physician: Dr. John Dundon

Type of Surgery Planned: \_\_\_\_\_

Medical Condition Required: \_\_\_\_\_ Medical History \_\_\_\_\_

Surgery is scheduled on \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_

Please complete this form and address in your office visit note and return it, along with any and all test results performed by your office, fax to (908) 429-7960 ATTN: Jennifer Keating. Clearance must be within 30 days of the date of surgery.

Physician Evaluation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Drug Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Considerations or Recommendations for Surgery: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

( ) YES, it is in my medical judgment that the above patient has no contraindications for planned surgery.

( ) NO, it is in my medical judgment that the above patient should not proceed with planned surgery at this time.

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Dear Patient,

Your surgeon may require the assistance of a Physician Assistant (PA), Nurse Practitioner (NP), or a Registered Nurse First Assistant (RNFA) in your upcoming surgery. When applicable, these charges will be billed directly to your insurance carrier at a reduced rate. Several insurance carriers do not allow these practitioners to participate in their networks. Some of these insurance carriers will consider these assistant practitioners as out of network providers. Keep in mind that some of these assistant practitioners (RNFA) are external to Tri-County Orthopedics.

Depending on the terms of your insurance plan, you may be responsible for amounts that your insurance carrier deems to be patient responsibility. If you receive a patient bill from any of the surgical assistants below, and/or you have questions regarding your patient balance, please call the corresponding assistant below at their offices: Anthony Cicalese, PA-C

Anthony Cicalese, PA-C  
Nicole Fox, PA-C  
Oliver Garcia, PA-C  
Morgan Kline, APN-C  
Megan LaPenta, APN-C  
Sydney Lucas, PA-C  
Cameron Lyon, PA-C  
Mary Moran, PA-C  
Santina Motyka-Little, APN-C  
Zachary Murray, PA-C  
Laura Palumbo, PA-C  
Lauren Pizzone, APN-C  
Gary Racich, PA-C  
Rachael Romer, PA-C

For all inquiries regarding the above providers please call the Tri-County Orthopedics Business Department at 973-538-0329.

**External Providers**

- |                              |              |
|------------------------------|--------------|
| 1. Michael Booth, PA-C       | 973-738-0627 |
| 2. Colleen Devita, RNFA      | 609-597-8785 |
| 3. Shawn Doucette, RNFA      | 201-602-5963 |
| 4. Viktoriya Ladue, NP, RNFA | 973-738-6094 |
| 5. Reuben Ramos, RNFA        | 973-626-4922 |
| 6. David Rasizer, PA-C       | 201-933-8703 |

Thank you,

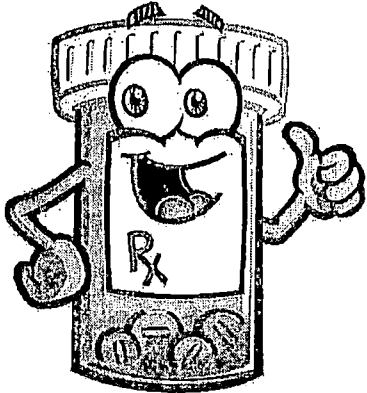
Tri-County Orthopedics Business Department

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197 Ridgedale Avenue  
3<sup>rd</sup> Floor  
Cedar Knolls, NJ 07927

376 Lafayette Road  
Suite 103  
Sparta, NJ 07871

1590 Route 206  
Bedminster, NJ 07921



## PREPARING YOUR MEDICATIONS

### 2 WEEKS BEFORE SURGERY:

- Follow **YOUR** Physician's instructions regarding ANTICOAGULANTS (blood thinners) and diabetic medications.
- All prescribed or over-the-counter anti-inflammatory drugs (NSAIDs) such as Aspirin, Advil, Aleve, Ibuprofen, Motrin, and Excedrin should be **STOPPED 1 WEEK PRIOR** to surgery OR as directed by your surgeon.
- **STOP** ALL VITAMINS, SUPPLEMENTS, AND FISH OIL 2 WEEKS BEFORE YOUR SCHEDULED PROCEDURE. Unless they are medically necessary.
- You may use TYLENOL (acetaminophen) or get a prescription for pain medication in lieu of the above NSAIDs.