

PRE-SURGERY INSTRUCTIONS- PLEASE READ CAREFULLY

- 1) To avoid cancellation of your surgery, please read all forms in your surgical packet carefully:
 - a. Script for lab work and EKG
 - b. Joint Replacement Survey
 - c. Instructions for Inpatient/Outpatient Surgery Total Joint Replacement
 - d. Medical/Cardiac Clearance Instructions
- 2) Please plan for your Lab testing and EKG as soon as possible, keep in mind your testing is to be done within 30 days of your surgery date. These are non-fasting tests unless you are indicated for an A1C blood test.
- 3) Please do not schedule your pre-admission test and clearance(s) before _____ but have completed by _____. This is to ensure that we have all clearance back in time to submit to Joint Replacement and Spine Surgical Institute.
- 4) Please complete The Joint Survey Forms in the paperwork provided. Bring the completed forms with you to your appointment scheduled in our office and give them to the physician assistant.
- 5) 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 Joint Replacement and Spine Surgical Institute, 1081 Route 22 West Suite 200, Bridgewater, NJ. The contact phone number is (908) 809-1000. We will call you the day 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: _____ at _____
___ 197 Ridgedale Ave, Ste. 300 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 Avenue, Ste. C, Bridgewater NJ 08807

If you have any questions, please feel free to contact me.

Jennifer Keating
Surgical Coordinator
P: (973) 538-2334, ext. 740
F: (908) 429-7960
Email: 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 YOUR PRIMARY CARE PHYSICIAN TO BOOK A MEDICAL CLEARANCE APPOINTMENT. AT THIS APPOINTMENT, THEY WILL REVIEW YOUR PREVIOUSLY COMPLETED LABWORK AND EKG
2. 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)
3. 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.**
4. WRITE DOWN ANY QUESTIONS YOU MAY HAVE SO YOU CAN DISCUSS THEM AT YOUR OFFICE CONSULT VISIT WITH OUR OFFICE
5. YOU WILL RECEIVE A TEXT ALERT FROM MYMOBILITY APPROXIMATELY 30 DAYS PRIOR TO SURGERY. PLEASE CLICK ON THE LINK AND COMPLETE THE REGISTRATION PROCESS AS SOON AS POSSIBLE
6. 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

The Joint Replacement and Spine Surgical Institute

1081 Route 22 West, Suite 200

Bridgewater NJ 07822

908-809-1000 908-809-1012 Fax.

The Joint Replacement and Spine Surgery Institute is an outpatient surgical facility located at 1081 Route 22 West, Suite 200 in Bridgewater NJ 07822. The Center is designed to provide same-day surgery patients, from infants to adults, with personalized quality care. The concept offers patients easy access and a brief stay in a pleasant environment.

JUST A REMINDER

Please follow all instructions carefully, unless otherwise instructed by your physician.

- Get a good night's rest before your surgery.
- You may brush your teeth on the morning of surgery but do not swallow any water.
- Bathe before arriving for surgery.
- If you wear make-up, nail polish, wigs, dentures, eyeglasses, contact lenses, or hearing aids, you may be asked to remove them depending on your procedure.
- Wear comfortable, loose-fitting clothing that can be folded and easily stored in a locker.
- Do not bring valuables with you.
- Limit visitors to one or two persons.
- Do not consume alcohol 24 hours prior to surgery.
- Please bring your insurance card to the center on the day of surgery.

AN IMPORTANT PRECAUTION

Do not eat or drink anything (including water), smoke or chew gum after midnight the night before your surgery, unless otherwise instructed.

THE DAY OF SURGERY

Prior to the day of surgery, our Patient Representative will be happy to answer any questions you may have and verify your arrival time. Please plan to arrive at the center approximately 1 hour before your scheduled surgical time.

Requirements before surgery:

- Upon arrival at the center, you will begin the admission process by completing any necessary paperwork.
- Some patients may have additional testing, ordered by the physicians.
- You will change into a hospital gown and place your belongings in a locker. You will then be admitted by a registered nurse who will prepare you for your surgical procedure.
- If not already completed you will need to sign a consent form.
- An anesthesiologist will talk with you concerning your medical history to determine the safest and most appropriate way to care for you during your surgical experience.

ANESTHESIA SERVICES

Anesthesia begins with a pre-operative consultation. This includes an evaluation of your health status, proper anesthesia technique for your surgical procedure, and post-operative care. If you have any questions or concerns, please address them at the time of your pre-operative consultation.

AFTER SURGERY

- For at least 24 hours after going home, do not operate machinery, drink alcoholic beverages, drive a car, make any critical decisions or take sleeping pills or tranquilizers. Do not take any other medications unless you consult with your physician. It is normal to feel dizzy and a little sleepy for several hours after anesthesia.
- Start with a clear liquid diet. If you tolerate the liquids, you may progressively add solid foods after four to six hours.
- By the next day you may resume a normal diet.
- It is possible that you will not urinate before you leave the facility. If within six to eight hours, your bladder feels full and you are unable to urinate, contact your physician.
- Call your physician if you develop a fever of 101 or more, or if nausea and vomiting persist for more than 24 hours. Nausea may be caused by pain pills, so do not take pain pills on an empty stomach. Drink plenty of fluids.
- If you have a dressing, keep it clean and dry. Leave the dressing in place unless your physician has instructed you otherwise.

Your doctor will also have specific instructions for you to follow. If you have any questions or problems once you are home, contact your surgeon.

A registered nurse will contact you by telephone a day or two after surgery to inquire about your condition and answer any questions.

YOU'RE TRIP HOME

Remember, **you will not be permitted to drive yourself home after surgery.** Please make arrangements for a responsible adult to escort you home and stay with you for the first 12 hours following surgery:

DIRECTIONS:

Route 22 East: Travel East on Route 22, stay in the right lane, pass Jiffy Lube & take the exit for Manville/Finderne Ave. Take Finderne Ave to the 2nd traffic light, and make a right onto Foothill Rd. Make a left at the traffic light onto Ronson Rd and merge onto Route 22 West. (Follow the directions below for US Highway 22 West).

Route 287 South: Take Exit 17 for Route 202/206 South for Somerville/Flemington. Proceed 1.5 miles and take the Exit for 22 East. (Follow directions from Route 22 East)

Route 78 West: Merge onto Route 287 toward 202/206 South/Somerville Exit 29. Take Exit 17 and follow directions from Route 287 South.

Route 202/206 North: Take Route 22 East and follow directions from Route 22 East listed above.

Route 22 West: Travel West on Route 22 one mile beyond the Finderne/Manville Exit. Stay in the right lane. Look for the Atlantic & Hunterdon Health Care building. Joint Replacement & Spine Surgical Institute is immediately after that. Turn right onto North Gaston Ave (Bridgewater) and make right into our driveway.

Route 287 North: Take Exit 148 for Route 22 West from the left lane. (Follow directions from Route 22 West)

Note: If you are using a GPS Navigation Device, type in 1081 US Highway 22 West & the cross street is North Gaston Avenue, Bridgewater NJ 08807.



World-Class Team. HomeTown Choice.

PHYSICIAN'S ORDER FOR PATIENT TESTING

Patient's Name: _____ DOB: _____

ICD 10: Z01.812, _____

Ordering Physician: John Dundon, MD
TRI-COUNTY ORTHOPEDICS
465 Union Ave, Ste. C, Bridgewater, NJ 08807
NPI# 1831325166
LIC# 24MA09788000

Non-Fasting

Fasting

_____ CBC

_____ CMP

_____ COTININE

_____ U/A

_____ GFR

_____ Hemoglobin A1C

_____ Iron Panel

_____ PT/PTT INR

_____ OTHER _____

_____ EKG

DATE: _____

Ordering Physician:
John Dundon, MD

**Please fax results to (908) 429-7960
LABCORP ACCT# 29807690
QUEST LABS ACCT# T11596**



World-Class Team. Homeowner's Choice.

PHYSICIAN'S ORDER FOR PATIENT TESTING

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_____ PT/PTT INR

_____ OTHER _____

_____ EKG

DATE: _____

Ordering Physician:
John Dundon, MD

**Please fax results to (908) 429-7960
LABCORP ACCT# 29807690
QUEST LABS ACCT# T11596**



World-Class Team. Homegrown Clinic.

PRE-OPERATIVE MEDICAL CLEARANCE

Patient Name: _____

DOB ___/___/___ Requesting Physician: **Dr. Dundon**

Type of Surgery Planned: _____

Medical Condition Requiring Clearance: _____ Medical History _____

Surgery is scheduled as outpatient/inpatient on ___/___/___ @ Joint Replacement and Spine Surgical Institute

Please complete this form and address it in your dictation, and return it, along with all lab/EKG results that were done by your office, to fax# 908-429-7960 ATTN: Jennifer Keating. Clearance must be within 30 days of the date of surgery.

Physician Evaluation: _____

Current Meds: _____

Drug Allergies: _____

Considerations or Recommendations for surgery: _____

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

No, it is in my medical judgment that the above patient should not proceed with the 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

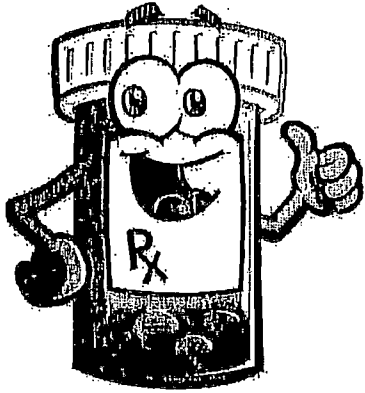
For all inquiries regarding the above providers please call the Tri-County Orthopedics Business Department at 973-538-0329.

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



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.