



TEL: 513.530.3027 FAX: 513.823.2887

www.BeaconOrtho.com

BEACON ORTHOPAEDICS SURGERY CENTER

PRE-OPERATIVE TESTING ORDERS FOR TOTAL HIP AND PARTIAL/TOTAL KNEE ARTHROPLASTY

*Please give this form to your Primary Care Physician to fill out and fax to Beacon within 30 days of your surgery, but at least 7 days prior to surgery.

Patient's Name: _____

Pre-Operative Diagnosis: _____ M79.609 _____

Surgical Procedure: _____

Surgery Date: _____

History and Physical – within 30 days of surgery date

Please draw the following labs on EVERY patient: within 30 days of surgery date

- CBC w/cell count and differential
- BMP
- PTT & PT/INR Required due to Spinal Anesthesia-if pt on Blood Thinners get PTT & PT/INR 24hours before surgery
- A1C if diabetic

EKG – All patients 50 years of age or older regardless of cardiac health within 3 months or patients with history of cardiac disease, MI, Angina, Stent placement or CABG

The following is to be ordered by PCP and/or Anesthesiologist

Chest X-Ray – Only if clinically indicated by changes in condition of the patient suggesting unstable cardiac or pulmonary condition.

Other: _____



Physician Signature

Date

***If the patient is on Warfarin, the PT/INR level should be drawn 2 days prior to their procedure after stopping their Warfarin

****Fax all testing plus history and physical to (513) 823-2887 at least 72 hours prior to surgery date**