NY ORTHOPEDICS

130 East 77th Street
New York, NY 10075
Tel: 212-737-3301 Ext: * Fax: 914-725-6972

Dear

Below is some helpful information about the upcoming surgery with Dr. Bedford:

Surgery Date:

Location:	**Lenox Hill Hospital** **100 East 77th Street, Ambulatory Surgery Department, 1st Floor; New York, NY 10075**
Medical Reports:	Please visit your primary physician for your pre-operative medical clearance. Your physician should fax the following to Jasmin Laboy at 914-725-6972
REPORTS	**BEFORE** **The completed Pre-operative Medical Evaluation Forms including the results of your Bloodwork & EKG**
Consent:	Your consent will be signed by you on the day of your procedure.
Pre-Surgery Diet:	**Do Not Eat or Drink Anything After Midnight, the Night Before Surgery:** The night before surgery, you should take your last solid food by 9:00 p.m. You may have clear fluids from 9:00 p.m. to 12:00 midnight. On the morning of surgery, nothing should be taken, not even water. **(IF YOU HAVE BEEN INSTRUCTED TO TAKE A MEDICATION, PLEASE TAKE IT WITH A SMALL SIP OF WATER ONLY)**
Post-Op Appointments:	Dr. Bedford would like to see you 7-10 days post-operatively. Please call our office ASAP to schedule a post-operative appointment.
Accompaniment:	New York State law requires that patients undergoing Outpatient surgery must be accompanied by someone to escort them home from the hospital.

Lenox Hill Hospital will contact you the day before surgery to discuss the details of your arrival time, pre-surgery diet requirements, etc.

Please do not hesitate to call me at 914-725-1713 if you have any questions.
We will do our very best to make this a pleasant and most successful experience.

Sincerely yours,

Jasmin Laboy
Surgical Coordinator

NY ORTHOPEDICS

130 East 77th Street
New York, NY 10075
Tel: 212-737-3301 * Fax: 212-734-0407

Pre-Operative Instruction Sheet

Aspirin and all products that contain aspirin must be stopped one (1) week before your surgery. If your primary care physician or internist has placed you on aspirin or medications containing aspirin for any reason, please alert them that you will be discontinuing Aspirin.

Anti-Inflammatory medications, for example, Advil, Aleve, Ibuprofen, etc... must be stopped 4 (four) days before your surgery. If you are unsure about what you are taking, please consult our office and speak with your Doctor or a Physician's assistant.

Dietary Supplements / Herbal Supplements must be stopped one (1) week before surgery. This would specifically include Vitamin E and Echinacea. These could potentially cause problems with bleeding. Please call our office if you have any questions.

Food must be discontinued at least eight (8) hours prior to surgery. Please DO NOT eat or drink ANYTHING, even water, after 12:00 am (midnight) the night before your surgery. Even if someone from the hospital calls and says it is OK to do so, please do not. If you need to take medication the morning of your surgery, you may take a sip of water only.

Alcohol and other mind-altering substances MUST be discontinued 24 hours prior to surgery.

Medications: If you take medication for Hypertension, cholesterol. Diabetes, asthma, etc., please consult with your Primary Care Physician regarding what you should take the morning of your surgery. This medication may be taken with a small sip of water only.

Braces, Crutches or any other equipment your Doctor has given you must be brought to the hospital on the day of your surgery.

Films (MRI's and / or X-Rays): Please bring all films that are in your possession to the hospital the day of your surgery. If your films are in our office, our office will transport them to the hospital.

Transportation: Please make arrangements to have a family member or friend escort you home from the hospital after your surgery. The hospital will not discharge you without an escort. You cannot drive yourself home after surgery.

Jewelry / Hair Accessories should be left at home on the day of your surgery (these include wedding rings and / or any body piercing. You can wear scrunges or an elastic hair tie as long as they do not have metal in them. No barrettes or bobby pins are allowed.

LenoxHill Hospital

☒ 100 East 77th Street, NY, NY 10075-1850
Surgical Cases Fax to **866-219-5545**
☐ 210 East 64th Street, NY, NY 10065-7471
Surgical Cases Fax to **866-231-1027**

PHYSICIAN'S ORDER FORM FOR PRE-ADMISSION TESTING

Date of Surgery:
Patient's Name:
Surgeon's Name: **Benjamin B. Bedford, M.D.**

Please fax results to:

Jasmin Laboy
914-725-6972

TEST RESULT SUBMISSION:

- **No tests required for healthy patients without medical problems.**
- The patient's name, testing date and date of birth must appear on every test document
- All laboratory tests must be performed by a CLIA (Clinical Laboratory Improvement Act) approved laboratory. Lab tests are good for 30 days prior to surgery.
- In the absence of recent medical problems, chest X-ray is valid for six months and ECG is valid for 3 months.

History & Physical will be performed by:

☐ Surgeon ☐ Raisler Testing Center Physician (LHH)

☐ Other MD: Name _____ MD Telephone _____

☐ No testing Ordered or Required

ICD 9 Codes
Must indicate reason/diagnosis for all testing
Please refer to the next page for a list of the ICD 9 codes.

Laboratory Tests	INDICATOR	ICD-9 CODES
☐ BMP (BUN, Na, K, Cl, Glu, Creat, Ca, CO2) ☒ CMP (Alb, TBIL, Ca, CO2, Creat, Glu, AlkP, TP, Na, SGOT,BUN,SGPT,Cl,K) ☐ Potassium level	Patient has been diagnosed with renal disease Patient is taking a diuretic drug that can cause hypokalemia or any other drug that can cause electrolyte abnormalities Patient is taking digoxin ESRD patients on dialysis	
☒ CBC		
☒ PT/PTT/NR	Patients whose surgery is likely to be performed under regional anesthesia and are taking or have recently taken anticoagulant drugs	
☒ Urinalysis		
☐ HCG Serum ☐ HCG Urine	If the patient is a woman of childbearing age	
☒ ECG Age is not a factor.	Patient has at least 1 risk factor (Ischemic heart disease, Rena disease, Cerebrovascular disease, Diabetes, Hx. Of heart failure)	
☒ Chest X - Ray	Patients who have chronic pulbmonary disease (emphysema, bronchitis, asthma), chronic congestive heart failure or who have experienced a recent exacerbation of symptoms deviating from a stable state	
☐ Sleep study	Patient with diagnosis of or symptoms suggestive of obstructive sleep apnea if appropriate for age, unless determined by Otolaryngologist, Neurologist or Pulmonologist	
☐		

Date: _____ Time: _____

M.D. Signature: _____ UPIN# _____

North Shore LIJ Lenox Hill Hospital

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FORM D

PRESURGICAL - HISTORY & PHYSICAL EXAM FORM

Please fax results to:

Jasmin Laboy

914-725-6972

DATE OF SURGERY: _____ PATIENT NAME: _____ _____ D.O.B _____

PLANNED PROCEDURE: _____

History of Present Illness

Past Medical History	Yes	No		Yes	No		Yes	No		Yes	No
Hypertension	☐	☐	Angina	☐	☐	Liver Disease	☐	☐	Blood Clots	☐	☐
Diabetes	☐	☐	Stroke/TIA	☐	☐	Thyroid disease	☐	☐	Bleeding problems	☐	☐
Myocardial Infarction	☐	☐	Lung disease	☐	☐	Kidney Disease	☐	☐	Blood transfusions	☐	☐

Other/Explanation for Positive History: _____

Past Surgical History

Advanced Directive ☐ Yes ☐ No _____ Health Care Proxy ☐ Yes ☐ No _____

LIST BELOW ALL OF THE PATIENT'S MEDICATIONS PRIOR TO ADMISSION INCLUDING OVER THE COUNTER AND HERBAL MEDICATIONS.

Medication Name	Dose (mg, mcg)	Route (PO,GT,SC,IV)	Frequency

*If more space is required continue on progress note

Review of Systems	Neg	Positive (Check if positive)
Constitutional	☐	☐ Anorexia ☐ Fatigue ☐ Fever ☐ Weight loss
Cardiovascular	☐	☐ Angina ☐ DOE ☐ Orthopnea ☐ Edema ☐ Palpitations ☐ Syncope
Respiratory	☐	☐ Cough ☐ Dyspnea ☐ Pleuritic chest pain ☐ Other _____
Gastrointestinal	☐	☐ Stomatitis ☐ Nausea ☐ Vomitting ☐ Diarrhea ☐ Constipation ☐ Dysphagia
Genitourinary	☐	☐ Dysuria ☐ Frequency ☐ Incontinence ☐ Hematuria ☐ Impotence
Neurologic	☐	☐ Paresthesia ☐ Dysesthesia ☐ Headache ☐ Seizure
Skir	☐	☐ Rash ☐ Ulcers ☐ Other _____
Hemorrhage	☐	☐ Easy bruising ☐ Epistaxis ☐ Hemoptysis ☐ Hematochezia ☐ Melena
Endocrine	☐	☐ Polyuria ☐ Polydipsia ☐ Heat/Cold Intolerance
Psychiatric	☐	☐ Depression ☐ Hallucinations ☐ Sexual dysfunction
Musculoskeletal	☐	☐ Joint pain ☐ Back pain
Eyes/Ears	☐	☐ Decreased hearing ☐ Decreased vision
☐ Other		

Allergies _____

History of anesthesia reaction ☐ Y ☐ N

Family History _____

Social History
Tobacco _____
Alcohol _____
Drugs _____
Other _____

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FORM D
PRESURGICAL - HISTORY & PHYSICAL EXAM FORM

Please fax results to:

Jasmin Laboy

914-725-6972

Patient Name: _____ DOB: _____ MR #: _____ Acct #: _____

OB/GYN History (Not Applicable☐) :

Age of menarche _____ Date of LMP _____ Age of menopause _____ Gravida _____ Para _____

Miscarriage(s) _____ Abortion(s) _____ Age at First Pregnancy _____ Age at Last Pregnancy _____

Use of Oral Contraceptives: ☐ Yes ☐ No Age began oral contraceptives _____ Duration _____

Mammogram ☐ Yes ☐ No _____ PAP Smear ☐ Yes ☐ No _____

PHYSICAL EXAMINATION

Height:	Weight:	BP:	P:	T:	R:	Pain (0-10):	BMI:

	NL	ABNL	Explanation
General	☐	☐	
Skin	☐	☐	
Neck	☐	☐	
HEENT	☐	☐	
Cardic	☐	☐	
Chest/Lung	☐	☐	
Abdominal	☐	☐	
Ext	☐	☐	
Neurologic	☐	☐	
Nodes	☐	☐	
Breasts	☐	☐	
Deferred ☐	☐	☐	
Rectal/Genital/Pelvic	☐	☐	
Deferred ☐	☐	☐	
Other (Specify)			

Significant Labs/X-rays/Exam Diagram

Labs	NL	ABNL
CBC	☐	☐
CHEM	☐	☐
PT/PTT	☐	☐
UA	☐	☐
Other	☐	☐
CXR	☐	☐
EKG	☐	☐
Other	☐	☐

(ie. Stress test, Labs, Endoscopy Etc.)

Pacemaker	☐	☐
Defibrillator	☐	☐

DIAGNOSIS

Examining Provider _____ Lic # _____ Address _____ Phone _____ Fax _____

MD Stamp

MD Signature: _____ Date: _____

SURGEON ASSESSMENT/PLANNED PROCEDURE

FOR AMBULATORY/SDA SURGICAL/INVASIVE PROCEDURES (to be completed day of procedure):
The patient has been examined and the History and Physical has been reviewed. There are no significant changes in the patient's condition unless noted below.

Signature:MD/DO (NP, House Physician, or Resident for podiatry or dental cases)

Print Name: _____ MD/DO/NP Time/Date:

For Podiatry and Dental patients only: I have reviewed the H&P including the update.

Signature: _____ MD/DO/NP Time/Date: _____

NY Orthopedics
130 East 77th Street, 5th Floor, William Black Hall
New York, NY 10075
Phone: 914-725-1713 Ext: * Fax: 914-725-6972

Patient
Date of Surgery
Surgeon Benjamin B. Bedford, M.D.
Insurance Carrier
Policy ID Number
Pre-Authorization Number

The purpose of this letter is to inform you of your Financial Responsibility that we gathered from your insurance carrier. We also want to reconfirm that we have the correct current insurance carrier and policy information on file.

Please note that the surgeon's charge does not include the hospital or anesthesia charges. We only verify your medical benefits coverage and eligibility. This does not guarantee that these benefits are the same as, or if it applies to, your hospital/facility coverage. We will also obtain the necessary pre-authorization for the surgery and the facility where the surgery will be done. The hospital/facility will call for their own verification of benefits coverage and eligibility.

According to your insurance company, you have a $**N/A** deductible. You will be responsible for ANY/ALL unsatisfied deductible. After you have satisfied the deductible, the insurance will cover the fees at **N/A**% of their Usual and Customary Rate (UCR). You will be responsible for the remaining % co-insurance. Unfortunately, your insurance will not disclose to us the exact amount of what they will reimburse. According to your insurance carrier's disclaimer, this is not a guarantee of payment until the claim is received and reviewed for payment based on your eligibility and benefits at the time the claim processed. ANY/ALL remaining balance after the insurance makes their payment will be your responsibility.

The hospital and anesthesia claim will be sent directly and separately to your insurance company form the facility's billing department. If you have any questions or you want to verify the hospital and anesthesia coverage and participation, please call your insurance carrier. Also, if you want to get an estimate of the hospital and anesthesia charges, please call the Lenox Hill Hospital Financial Screening Department or Pre-Registration Department at 212-434-2000.

You are more than welcome to call your insurance company if you need further clarification about your benefits, coverage, and financial responsibility.

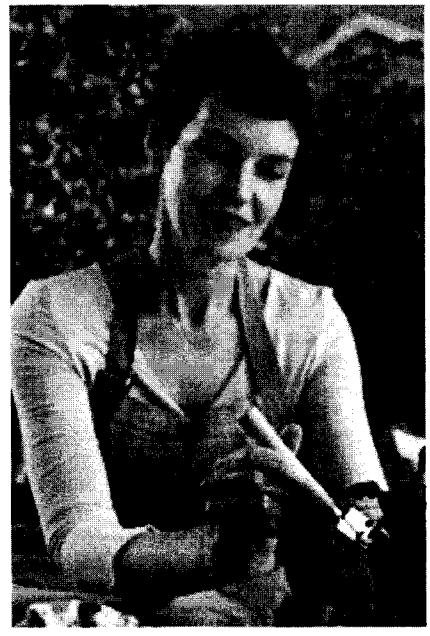
We will bill the insurance first for the surgeon's charges and thereafter send you a bill for your financial responsibility. Our system automatically generates a bill to you when we send the claim to your insurance company for the surgeon's charges. So, do not be alarmed when you receive a bill for the surgeon's charges billing you for the full amount. We will send you another bill after your insurance company sends us the payment. If you receive the payment from the insurance company, please endorse the check to the surgeon and mail it to: NY Orthopedics, Attn: Billing Dept., 130 E. 77th St. 5th Floor, New York, NY, 10075

Kindly call me back to confirm that we have the correct insurance information and acknowledge that you have received and understood what this letter entails. Should you have any further questions or concerns, please do not hesitate to contact me at the office. Thank you. SM49

Jasmin Laboy
Surgical Coordinator
914-725-1713

Patient Signature _____
Patient Name:
Date:

Preparing For Your Total Joint Replacement



This class will teach patients who are having a total joint replacement how to prepare for surgery. The class is taught by a nurse, a physical therapist, and a social worker.

Patients will learn about the pre-surgery instructions, what to expect during the hospital stay and suggestions for a successful rehabilitation and recovery after discharge.

Classes are offered:
Mondays and Wednesdays
2:00pm

Lenox Hill Hospital
130 East 77th Street
Orthopaedic Classroom
Check with the Black Hall security desk for the class location.

For further information please contact:
Heather Stansbury, RN
212-434-6739 or tjrclass@lenoxhillhospital.org

Lenox Hill Hospital also offers you the services of an Orthopedic Nurse Educator.

- It is strongly recommended that all patients attend a Joint Replacement Patient Education Class prior to surgery. At this two-hour class you will be provided with a patient guide to joint replacement surgery, an over view of the pre-operative process; what to expect during and after surgery; and to help you plan for your discharge home.
- Lenox Hill Hospital will be available to assist you at any time throughout your pre- and post-surgery process.
- The Orthopaedic Nurse Educator can be reached at 646-261-5418.

North Shore LIJ Lenox Hill Hospital