

## PRE-OP JOINT REPLACEMENT

Please perform a pre-operative evaluation of:

Diagnosis:

Surgical Procedure:

Date of procedure:

Expected Anesthesia: **EPIDURAL/SPINAL**

- Required blood work: CBC, PT/INR, TYPE AND SCREEN and U/A. ALL POSITIVE URINE CULTURES NEED A REPEAT U/A AFTER TREATMENT!!
- LYTES REQUIRED FOR DIABETICS AND RENAL INSUFFICIENCY
- **For total & partial joints a nasal swab for aureus screening is required. ORDER FOR SWABS IS PCR BY NASAL. Positive results are treated with Bactroban nasal ointment.**

All Diabetic patients must have an A1C of 7.0 or below to have surgery.

**Dr. Dua would like patients cleared 3 weeks prior to their procedure.**

Thank you for sharing in the care of our mutual patient.

**Please FAX results as soon as exam is complete to: Debi- 860-644-5978  
Phone- 860-644-5900**

**Dr. Vipul Dua**