

Commonwealth

Orthopaedics

Getting back to **your** life.

George Aguiar, MD
Christopher C. Annunziata, MD
Gordon L. Avery, MD
Dean R. Bennett, MD
Anne M. Bielamowicz, MD
Ronald C. Childs, MD
Nancy R. Couleman, MD
Alexander S. Croog, MD
Allen G DeLaney, MD, ME
Robert M. Dombrowski, MD
J. Mark Evans, MD
Mark C. Hartley, MD
William A. Hazel, Jr., MD
Steven S. Hughes, MD
Ben W. Kittredge, IV, MD
Thomas J. Klein, MD
H. Edward Lane, III, MD
Charles S. Lefton, MD
William C. Lennen, MD
Matthew J. Levine, MD
Mark P. Madden, MD
Thomas A. Martinelli, MD
B. Thomas Mazahery, MD
John P. McConnell, MD
Mark R. McMahon, MD
David J. Novak, MD
D. Andrew Parker, MD
Tushar Ch. Patel, MD
Frank A. Pettrone, MD
Sarah Pettrone, MD
Brett M. Robinson, MD
David W. Romness, MD
Kevin D. Sumida, MD
Daniel E. Thompson, MD
Amanda B. Trucksess, MD
Charles R. Ubelhart, MD
Brantley P. Vitek, Jr., MD
Daniel E. Weingold, MD
Young J. You, MD
Bruce S. Zimmer, MD

**Alexandria
Arlington
Burke
Fairfax
Herndon
Lansdowne
Reston
Springfield
Tysons Corner**



www.c-o-r.com

Dear Patient:

Your physician has indicated that you are in need of surgery. In order to schedule your surgery, our staff will verify your insurance benefits, determine if pre-authorization is required, and inquire about the dollar amount of your co-payment and/or deductible.

The scheduler will then notify you of the location and date of your surgery. At that time, they will inform you of the cost of your co-payment and/or deductible for the surgery. We request that you pay your required co-payment and/or deductible prior to your scheduled surgical date.

If you have any questions about billing for your surgery, please contact our Billing Office at 703-383-6469.

Thank you for your cooperation. Best wishes for a speedy recovery.

Commonwealth Orthopaedics

Herndon Outpatient Surgery Center
Suite 100
13350 Franklin Farm Rd.
Herndon, VA 20171
703-810-5206
703-234-1301 FAX

Fairfax Outpatient Surgery Center
Suite 550
8501 Arlington Blvd.
Fairfax, VA 22030
703-810-5219
703-573-7609 FAX

NAME _____ DOB _____

**Herndon Outpatient
Surgery Center**
13350 Franklin Farm Road
Suite 100
Herndon, Virginia 20171
703-810-5206
703-234-1301 FAX
Monday – Friday 6am-4:30pm

**Fairfax Outpatient
Surgery Center**
8501 Arlington Boulevard
Suite 550
Fairfax, Virginia 22031
703- 810-5219
703- 573-7609 FAX
Monday – Friday 6am-4:30pm

PRE-OPERATIVE INSTRUCTIONS

PRE-OPERATIVE

1. Do **NOT** take aspirin or anti-inflammatory drugs (i.e. Motrin, Aleve, Advil) 2 weeks prior to surgery and 2 weeks after surgery, unless otherwise instructed by your physician.
2. **Pre-operative testing** (Labwork, EKG, medical clearance) must be completed within seven days of your scheduled surgery and the results must be in the surgical suite 48 hours prior to your scheduled surgery.
3. ***FAX pre-op test results to the designated surgery center at number listed above***
4. You will **NOT** be permitted to drive after surgery. You must have a responsible adult with you during your visit at the surgery center. Someone **MUST** be available to stay with you for the first 24 hours after discharge.
5. If you are under 18 years of age, a parent or legal guardian **MUST** accompany you and he/she will not be allowed to leave the surgery center while you are under our care.
6. A pre-op nurse will call you several days before surgery to review your medical history. You may reach the pre-op nurse directly by dialing **703-385-3985**.

24 HOURS BEFORE SURGERY

1. Do **NOT** eat or drink after midnight prior to surgery – this includes candy, lozenges, mints and gum.
2. Do **NOT** smoke for at least 24 hours prior to surgery. It is best to avoid smoking 1 week prior to surgery and 2 weeks following surgery.
3. A staff member will call you **1-2 days prior to date of surgery** to confirm your assigned **arrival time** to the surgery center.
4. **If you have not received a call, please contact the designated surgery center at the telephone number listed at the top of this page.**

MORNING OF SURGERY

1. Take all medications as prescribed with a **SIP** of water (unless otherwise instructed).
2. Bathe as usual. Avoid heavy lotions or moisturizers. You may brush your teeth.
3. Do **NOT** wear make-up, body piercings, jewelry, or hair spray. Leave all valuables at home. Commonwealth Orthopaedics will not be held responsible for any valuables that you bring to the surgery center on the day of your surgery.
4. Wear comfortable clothing, elastic waist shorts (no zipper), sports bra, and shoes that are easy to remove. For shoulder and arm surgery patients, bring an XL button or zip front shirt to go over your sling.
5. Bring completed registration paperwork, driver’s license, insurance cards, and co-pay.

I have read and understand the above pre-operative instructions:

Patient or Guardian’s Signature: _____

Date: _____

Staff Member’s Signature: _____

NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES

This Facility requires the following notice be signed by each patient prior to scheduled procedure in order to be in compliance with the Patient Self-Determination Act (PSDA) and State law and rules regarding advance directives. Advance directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advance directives are made and witnessed prior to serious illness or injury.

There are many types of advance directives, but the two most common forms are:

Living Wills

These generally state the type of medical care an individual wants or does not want if he/she becomes unable to make his/her own decisions.

Durable Power of Attorney for Health Care

This is a signed, dated, and witnessed paper naming another person as an individual's agent or proxy to make medical decisions for that individual if he/she should become unable to make his/her own decisions.

In the ambulatory care setting, if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, the facility is notifying you it will not honor previously signed advance directives for any patient. If you disagree, you must address this issue with your physician or anesthesiologist prior to signing this form.

I have read and fully understand the information presented in this release form.

Patient's Signature

Date

Witness to Patient's Signature

Date

If patient is unable to sign or is a minor, please sign below:

Closest Relative or Legal Guardian's Signature

Date

Witness to Relative/Guardian's Signature

Date