

# The Foot and Ankle Wellness Center of Western Pennsylvania

## Post Operative Instructions:

You have just had surgery on your foot or ankle. Please read all instructions **carefully**.

Dear Doctor \_\_\_\_\_ :

I will be performing surgery on \_\_\_\_\_. I am sending this patient to your office for a medical history and physical, which must be performed prior to the date of surgery. Would you please complete the attached history and physical forms and fax or mail a copy to our office.

DATE OF SURGERY: \_\_\_\_\_

ADMITTING DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SURGICAL PROCEDURE: \_\_\_\_\_

\_\_\_\_\_

The following pre-operative testing is required to be performed prior to surgery. Please feel free to perform these and or other tests you feel are needed before surgery.

### REQUIRED TESTING:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> CBC W/DIFF               | <input type="checkbox"/> GLUCOSE       | <input type="checkbox"/> BASIC METABOLIC PANEL |
| <input type="checkbox"/> HCG                      | <input type="checkbox"/> EKG           | <input type="checkbox"/> ELECTROLYTE PANEL     |
| <input type="checkbox"/> COMPLETE METABOLIC PANEL | <input type="checkbox"/> UCG           | <input type="checkbox"/> URINE C/S             |
| <input type="checkbox"/> K+ LEVEL                 | <input type="checkbox"/> TYPE & SCREEN | <input type="checkbox"/> CXR                   |
| <input type="checkbox"/> PT/INR                   | <input type="checkbox"/> PTT           | <input type="checkbox"/> PLATELETS OTHER       |

ANTHESIA: \_\_\_\_\_

Please feel free to contact me regarding any abnormal results upon your examination. Thank you for your cooperation regarding the care of our mutual patients.

Please fax all pre-operative findings and results to **555-555-5555**. Thank you!!

Sincerely,

**The Foot and Ankle Wellness Center of Western Pennsylvania**

**Ford City Location**  
313 Ford Street  
Ford City, PA 16226  
P: (724) 763-4080  
F: (724) 763-4083

**Butler Location**  
100 Evans Road  
Butler, PA 16001  
P: (724) 841-0188  
F: (724) 841-0189  
Toll Free: (844)-FOOTDOC (366-8375)

**Monaca Location**  
3578 Brodhead Road  
Monaca, PA 15061  
P: (724) 775-6168  
F: (724) 775-2633

**Grove City Location**  
675 N. Broad Street Ext, Suite 2  
Grove City, PA 16127  
P: (724) 450-1144  
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