



John Doe, MD

HIP ARTHROSCOPY PRE-OP INSTRUCTIONS

SURGERY DATE:

Your surgery is scheduled for

at:

Address.

HISTORY AND PHYSICAL:

- [Info](#)

SURGERY TIME:

- [Info](#)

INSURANCE:

- Info

FOLLOW UP APPOINTMENT:

- Your follow up appointment is scheduled for

_____. If you are unable to keep this appointment, please contact our office prior to your surgery to arrange another me.

MEDICATION GUIDELINES:

- Info

NIGHT PRIOR TO SURGERY:

- Do not eat or drink anything after midnight unless otherwise instructed by the surgical facility staff.

THE MORNING OF SURGERY:

- Info

TRANSPORTATION:

- Info

CLOTHING:

- Info

PHYSICAL THERAPY:

- Info

INCISION CARE:

- Info

INFECTION PREVENTION:

- Info

MEDICATIONS:

- Info

ANTI-INFLAMMATORY

MEDICATION:

- Info

DRIVING:

- Info

TIME OFF FROM WORK:

- Info

EMERGENCIES:

- Info