



MAUI ORTHOPEDIC INSTITUTE

SURGERY CHECKLIST

1830 Wells Street Suite 103 Wailuku, HI 96793

P: (808) 649-1487 / F: (808) 437-2512

Patient Name: _____

Surgery Type: _____ Location: _____

Surgery Date: _____

All orders are electronically faxed.

1) Bloodwork:

- a) A series of labs must be completed within 3 months of surgery date but **prior** to the medical clearance appointment with your primary care physician as these results are used to determine your clearance for surgery. These labs are non-fasting. Desired laboratory is _____. Please call the facility to find out if an appointment is needed.

2) Medical Clearance:

- a) It is critical that this appointment be scheduled as soon as possible after leaving our office today. The appointment must fall within 3 months of surgery but before your pre-op appointment with Dr. Thielen. Your bloodwork must also be completed prior to this appt. We will send a referral with a list of everything we need completed during that visit.
- b) Please call your primary care physician and schedule a medical clearance appointment between _____ and _____.
- c) Call our office to provide the appointment date.

3) Pre-Op:

- a) During this visit on _____, Dr. Thielen will review all pre-op testing results and your primary care physician's report clearing you for surgery. You'll have an opportunity to ask questions that both Dr. Thielen and the staff will be happy to answer.
- b) On this visit, we will give you a list of medications to discontinue before surgery. You'll be prescribed **medications** that must be picked up within **7 days time**.
- c) Your medical walker should be picked up at **Gammie Home Care Kahului** after this visit if not yet completed.
- d) Dr. Thielen will order the covid test that must be done 3 days prior to surgery. Once you leave the office on this day, make sure to call _____ lab to schedule the covid test.

4) Covid Test:

- a) Your covid test needs to be scheduled for _____. Make sure to stay at home to quarantine after you've taken the test. The people in your household can go on with their regular out of the home activities. You will only be notified of the result if it is positive. You will not be charged surgery cancellation fee for a positive covid test.

5) Day Prior to Surgery:

- a) You will receive a call from the surgical facility providing the time of your surgery and check in instructions.

6) Surgery Day!

7) Post-Op #1: _____

8) Post-Op#2: _____

** For any cancellation of a surgical procedure within a 2 week window, I will be charged \$200 fee.*

Patient Signature: _____ Staff Initials: _____