

FOOT & ANKLE SPECIALISTS OF VA
DR. LAURENCE RUBIN
PHONE: 804.746.5488
FAX: 804.730.1223

****IMPORTANT INFORMATION!**

Prior to surgery, please call your insurance company for benefit information.

This telephone number is listed on the back of your insurance card.

The information needed is provided for you below.



INPATIENT



OUTPATIENT

INFORMATION TO COLLECT FROM INSURANCE COMPANY:

CO-PAY: _____

DEDUCTIBLE: _____

OUT OF POCKET: _____

REFERENCE NUMBER: _____

SPOKE TO: _____

YOU MAY NEED THE HOSPITAL INFORMATION AS WELL:



ST. MARY'S HOSPITAL
5801 BREMO ROAD
RICHMOND VA 23226
804.285.2011



MEMORIAL REGIONAL MEDICAL CENTER
8260 ATLEE ROAD
MECHANICSVILLE, VA 23116
804.764.6000

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In order to prepare your surgery, you need to do the following:

- COMPLETE SURGERY CHECKLIST
- REVIEW ALL DOCUMENTS ENCLOSED IN SURGERY PACK
- IMMEDIATELY CALL HEATHER WITH MEDICATION ALLERGIES AND LATEX ALLERGIES

TWO WEEKS BEFORE SURGERY:

Discontinue use of any medications listed on the list you received.

FIVE DAYS BEFORE SURGERY:

Discontinue use of blood thinning medications such as Plavix, Pletal, Coumadin, Warfarin and Aspirin, Birth Control, Anti-inflammatory, NSAIDS, and Steroids

ONE DAY BEFORE SURGERY:

Do NOT eat or drink anything after midnight the night before surgery

Remove all toenail polish

DAY OF SURGERY:

Only take the medications you have been instructed to take in the morning with just a sip of water

Leave jewelry and valuables at home

Have someone drive you to and from the hospital

Plan to have prescriptions picked up after release

AFTER SURGERY:

Remember to take all your medications as directed, do not wait until you are in severe pain.

If you have an upset stomach, rash or other reaction, discontinue the medication and call Heather, Dr. Rubin's medical assistant or if after office hours, the doctor on call.

Keep your dressing dry and untouched until your post op appointment.

If you have any questions regarding your surgery or medications, please call the office and speak to Heather at 804.746.5488.

PLEASE HAVE RESULTS FAXED TO THE ATTENTION OF HEATHER!

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Date of Surgery: _____ Time: _____

Surgery location: _____

Please report to the Hospital admissions department 2 hours early.

- Have your doctor fax a copy of the completed H & P and lab work to our office **IMMEDIATELY** at **804.730.1223**
- **Medications to avoid taking are NSAIDS, STEROIDS, ANTI-INFLAMMATORIES, AND BLOOD THINNERS, METHOTREXATE, AND BIRTH CONTROL (SEE ATTACHED)**
- **DO NOT** cut toenails and remove toenail polish before surgery.
- **DO NOT** eat or drink anything after 12:00 (midnight) the night before surgery.
- Wear loose fitting clothing and garments, **AVOID** using lotions or deodorant
- **BE ON TIME FOR YOUR SURGERY (YOU SHOULD ARRIVE 2 HOURS PRIOR)**
- Your insurance will be billed and pre-authorization will be obtained for you
- YOU are to obtain your benefits prior to surgery date (call the number on the back of your insurance card)
- **DO NOT REMOVE OR CHANGE BANDAGES FOR ANY REASON**

IMPORTANT: please call 804.746.5488 and speak to Heather with questions and concerns regarding surgery.

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POST OPERATIVE CARE INSTRUCTIONS:

1. Have your prescription filled and go home immediately after surgery.
2. Keep your foot elevated at least 6 inches above your heart by placing a pillow, length wise under your lower leg. You may sit in a chair or lie in bed.
3. Do NOT bear weight on the operative foot any more than is absolutely necessary, until seen for a post operative visit, or unless instructed otherwise.
4. **Keep the bandage clean, dry and DO NOT REMOVE FOR ANY REASON.**
5. It is not unusual for blood to appear on the outer cover of your dressing; if you observe bleeding seeping through the bandage that the dressing is wet, please contact your doctor, or nurse at the number listed above.
6. Place ice, wrapped in a plastic bad and towel at the ankle on the side you had your surgery. Do this for 20 minutes each hour throughout the next few days following your surgery. DO NOT APPLY ICE ONCE YOU HAVE GONE TO BED FOR THE NIGHT.
7. **DO NOT DRINK ALCOHOLIC BEVERAGES WHILE YOU ARE TAKING MEDICATION.**
8. Take your temperature 3 times a day, if your temperature exceeds 100.0 F, contact your doctor or nurse.
9. If you have been given a surgical shoe, it is to be worn at all times when weight is put on the foot.
10. If you have any questions or concerns, DO NOT hesitate to call your doctor or nurse.

YOUR POST OPERATIVE APPOINTMENTS ARE AS FOLLOWS:

(Dressing change)

POST OP #1 _____

(Suture removal)

POST OP #2 _____

(Pin removal, if necessary)

POST OP #3 _____

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**TAKE THIS FORM TO YOUR PRIMARY CARE DOCTOR FOR
COMPLETION!**

Patient name: _____ DOB: _____

Social security number: _____ HT _____ WT _____ Alcohol _____ Tobacco _____

HISTORY

Present illness: **PRE-OPERATIVE CLEARANCE.** SURGERY DATE: _____

PROCEDURE: _____

PHYSICAL EXAMINATION

GENERAL	
HEENT	
CHEST	
ABDOMEN	
GENITALIA	
RECTAL	
EXTREMITIES	
NEUROLOGICAL	

IMPRESSIONS:	
COMMENTS:	

Name of Physician _____

Signature: _____

Date: _____ Time: _____

****PATIENT CLEARED FOR SURGERY: _____ YES _____ NO**

LAB WORK

(Please do all that are marked below)

- | | | | |
|---|-------------------|---|------------------|
| ✓ | CBC | ✓ | EKG |
| ✓ | CMP/ BMP | ✓ | CHEST X-RAY |
| 🍏 | U/A | ✓ | PT/PTT |
| 🍏 | PREGNANCY | ✓ | 25 HYDROXY VIT D |
| 🍏 | 24 HR URINE, CALC | ✓ | INTACT PTH |
| 🍏 | OTHER: _____ | | |

**PLEASE HAVE RESULTS FAXED TO THE ATTENTION OF HEATHER
ASAP!**

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Patient name: _____ DOB: _____

I authorize the performance of the following procedure(s) upon myself.

This surgery will be performed by: **DR. LAURENCE G. RUBIN**

I understand that surgery sometimes requires the temporary or permanent insertion of wires, pins, and/or screws and that a separate surgery may be needed to remove these if there is a reaction. I understand that a leg cast (below the knee) may be applied after surgery. I also give Dr. Rubin permission to add, remove or modify procedures we discussed in order to achieve the best results or decrease the chance of complications. I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained. The nature and purpose of the operation, possible alternative methods of treatments, the risks involved, and the possibility of complications has been fully explained by Dr. Rubin prior to surgery. Dr. Rubin has explained to me that as a result of this operation my condition may be improved, but it also may stationary or could become aggravated should unforeseen complications arise. Dr. Rubin explained this information to me in simple non-technical language that I fully and completely understand.

I consent to the administration of medication and such anesthetics as may be considered necessary or advisable by the doctor responsible for the service. In this case the anticipated anesthesia will be:

☐ LOCAL NERVE BLOCK ☐ IV SEDATION ☐ GENERAL ☐ OTHER: _____

I consent to the photographing or televising of the operation, publication of the same for the purpose of medical case record, and the admittance of the observers to the operating room, for the purpose of advancing medical education. I consent to the disposal or pathological study of tissue as determined by the surgeon. **I CERTIFY THAT I HAVE RECEIVED A SURGERY INFORMATION PACKET AND THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE, THAT ALL BLANKS WERE FILLED IN AND ANY PARTS NOT APPLICABLE WERE MARKED NOT APPLICABLE.**

PATIENT: _____

DATE: _____

WITNESS: _____

DATE: _____

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SURGERY CHECKLIST

- 🍏 IDENTIFICATION CARD AND INSURANCE CARDS
- 🍏 BENEFITS WERE RETRIEVED (SHEET ATTACHED)
- 🍏 MEDICATIONS (IF LISTED) WERE DISCONTINUED
- 🍏 ALL JEWELRY AND VALUABLES ARE LEFT AT HOME
- 🍏 NAIL POLISH, LOTIONS AND DEODORANTS HAVE BEEN REMOVED
- 🍏 LATEX ALLERGIES OR MED ALLERGIES WERE RELAYED TO HEATHER
- 🍏 TRANSPORTATION TO AND FROM THE HOSPITAL HAS BEEN ARRANGED
- 🍏 **ALL** SURGERY INFORMATION HAS BEEN REVIEWED