



Alaska Native Medical Center
4315 Diplomacy Drive
Anchorage, AK 99508
Phone 729-1600 FAX 729-1635

Orthopedic Service

Patient: _____ ANMC# _____ DOB: _____
Diagnosis: _____
Procedure: _____
Surgeon: _____
Date sent out: _____

Elective orthopedic surgery involve procedures in which you should be in the best health possible. Please work with your primary care provider to make sure you have been optimized for surgery and have met the following criteria in order for us to proceed with your procedure. This will reduce complications and improve success rates. We will contact you to coordinate a surgery date after your provider has indicated that you have met the following criteria and sends us your exam, medication list and test results. This should be done within 6 months of the above date to be valid.

___ History and physical exam with statement indicating patient has been medically cleared or optimized for surgery. The following modifiable risk factors are pre-operative goals.

- * **BMI 40 or less**
- * **HgA1C 7 or less**
- * **Albumin > 3.5g/dl**
- * **Patients with Rheumatoid Arthritis must have 4 view Cervical Spine x-rays including AP/Lateral, Flexion, and Extension.**
- * **A discharge plan must be in place stating where the patient will go after discharge and who will be the caregiver(s).**
- * Surgery site area needs to be of good skin integrity (free of lesions, abrasions, scabs etc.)
- * One year of sobriety or freedom from drug use.
- * 3 months freedom from all kinds of tobacco use.
- * Weaned off all narcotics 1 month prior to surgery.

___ List of current medications including all dosages. Be aware certain medications will need to be stopped one week prior to surgery: ASA, NSAIDS, methotrexate, plavix, Coumadin or any other medication that affects bleeding time or may inhibit wound healing.

___ Lab work: CBC, CMP, HgbA1C, PT, PTT.

___ EKG

___ Dental evaluation/treatment to rule out any source of infection. All necessary dental work will need to be completed before you are considered to be cleared for Dental. All reports are to be sent to the Orthopedic Clinic. 907-729-1635 (fax).