
Surgical Instructions

1. Your surgery has been scheduled at OrthoIndy Hospital as follows:

Hospital Location: Northwest South

Surgery Date/Time: _____

Arrival Time: _____

2. You will be notified of your surgery time one week before surgery. **This time is subject to change.**
3. You will be scheduled for a pre-op appointment prior to surgery. This appointment includes blood work and medical clearance for surgery by the hospital internist.
4. Our office will take care of any insurance precertification if required. Please make sure we have your **current** insurance information.
5. Report any sore throat, cold or fever to your physician immediately.
6. You will receive instructions regarding medications at your pre-op appointment with the hospital internist.
7. Please notify your physician if you are on anticoagulants (blood thinners) to receive instructions regarding the use of these medications.
8. Please call your surgeon's office at 317.884.5160 as soon as possible if you wish to cancel surgery.

OrthoIndy Hospital: 317.956.1000

Pre-op Clinic: 317.802.2024