

Appointment Checklist

Before Surgery

Dental exam (at least one month before surgery)

DATE _____ TIME _____ LOCATION _____

Lab work/EKG

DATE _____ TIME _____ LOCATION _____

Appointment with primary care provider

DATE _____ TIME _____ LOCATION _____

Total Joint Class

DATE _____ TIME _____ LOCATION **St. Charles** _____

Pre-op appointment with surgeon, nurse practitioner, and/or physician assistant at The Center

DATE _____ TIME _____ PROVIDER _____

DATE _____ TIME _____ PROVIDER _____

Surgery

DATE _____ CHECK-IN TIME _____ LOCATION _____

After Surgery

Post-op appointment with surgeon, nurse practitioner, and/or physician assistant

DATE _____ TIME _____ LOCATION _____

Post-op appointment with physical therapist

DATE _____ TIME _____ LOCATION _____

What to bring to your appointments

- ☐ List of all medications (including over-the-counter medicines, vitamins, and herbal supplements). Include the dose and how frequently you take them.
- ☐ Primary care provider's name
- ☐ List of all current medical problems
- ☐ List of previous surgeries
- ☐ Paperwork from other providers
- ☐ Insurance card
- ☐ Photo ID
- ☐ List of questions
- ☐ Advanced Directives
- ☐ Your coach

Make sure to **bring your coach** to your pre-op appointments.