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| Patients Name: | Physician: | <u>MARK SCHRUMPF, MD</u> |
| Surgery Date: | Surgery Time: (subject to change) | Arrival Time: |
| Procedure/CPT code: | | |
| Length of Surgery: | HRS Anesthesia: | |

**Your surgery will be performed at: PRESIDIO SURGERY CENTER
1635 Divisadero Street 2nd Floor, Suite # 200
San Francisco, CA 94115
Main telephone: (415) 346-1218**

Please arrive at the Presidio Surgery Center **(1.5 hours) prior** to the scheduled surgery unless told otherwise by the surgery center. You will be meeting with your anesthesiologist and preparing for your surgery during this time. Please check in with the reception desk upon arrival and you will be given further instructions. **Do not wear jewelry or hair ornaments. Jewelry poses safety hazard and the potential for loss.** Please bring your identification card, insurance card and other payment methods (Presidio Surgery Center accepts cash, checks, Visa, Master Card).

If you have a history of **Hypertension, Heart Disease (PVD, history of MI, stent placement, symptomatic MVP or murmur, A-Fib, Pacemaker), Diabetes, Sleep Apnea, and Obesity (BMI>40)** you are required by Presidio Surgery Center to have a pre-operative History and Physical Examination and EKG performed by your primary care physician. Pre-operative history and physical must be done within **30 days** of your surgery. Please contact your PCP (Primary Care Physician) as soon as possible to arrange an appointment. **Please, ask your doctor to fax these documents to our office at (415) 592-0002 and Presidio Surgery Center at (415) 474-1365. Failure to comply with pre surgical requirements may result in the cancellation of your surgery.**

If you are a (MALE / FEMALE) with no medical problem, a pre-operative clearance is not needed with the exception of a total joint replacement.

PRE-ADMISSION TEST REQUIREMENTS:

| TEST | REQUIREMENT | REQUIREMENT |
|----------------|--|-----------------------------|
| EKG | ALL patients regardless of age with hypertension, cardiovascular disease, diabetes (oral & insulin), COPD/emphysema, sleep apnea | within 1 year of surgery |
| PT/INR | On anticoagulation therapy (Coumadin/ Warfarin) ALL Patients regardless of anesthesia, i.e., including locals and sedation | within 24 hours of surgery. |
| | COUMADIN – (ALL PATIENTS) stop 5 days before surgery (PT/INR required) No test requires but need to stop: PLAVIX - stop 5-7 days before surgery / ELIQUIS- stop 3 days before surgery Enoxaprim or low dose molecular weight heparin – stop 24 hours prior to surgery; requires no test | |
| K ⁺ | Diuretics (Lasix, HCTZ, Dyazide, Maxide, Spirolactone, Losartan Potassium) | within 30 days of surgery |
| CBC | For all patient and patients with history of anemia, liver disease, renal failure, Chemotherapy within three month | within 30 days of surgery |
| Chem 12 | Dialysis patients; IDDM (Insulin Dependent Diabetes Mellitus); | within 30 days of surgery |
| HNP | by Internist/PCP – all patients with history of hypertension, cardiovascular disease, diabetes, COPD/emphysema, transplant recipients on immunosuppressant medication | within 30 days of surgery |
| OSA | “Moderate” OSA (Obstructive Sleep Apnea) | |

NOT A SURGICAL CANDIDATE : Adult BMI 40 or greater, weight 350 lbs or greater; Children 12 and under with BMI greater than 30; Stent placement within 3 months; drug eluting stent placed within 12 months; AICD (Automatic Internal Cardiac Defibrillator); Severe Obstructive Sleep Apnea. **If you arrive day of surgery with a BMI greater than 40, your surgery will be cancelled.**

MEDICATIONS: Unless otherwise instructed by surgeon, internist, or other primary care physician, patient should take their regular medication as scheduled on the day of surgery with a small sip of water. Particular attention should be paid to the maintenance of high blood pressure medications.

Exceptions to the above Include:

- **INSULIN** should be given per the direction of the primary care physician. **Oral diabetes medications should not be taken** on the day of surgery. No OZEMPIC 7 days prior to surgery.
- **ASA, NSAIDS (Aspirin, Ibuprofen, Advil, Motrin, Naproxen, Voltaren and Aleve ...etc.)** should be discontinued **7 days** prior to surgery unless instructed otherwise by surgeon. This also include **VITAMIN E, OMEGA 3 FISH OIL, GINGKO BILOBA, GINGER SUPPLEMENT, TUMERIC** should be discontinued as well because these are all blood thinning medications.
- **PLAVIX** - **please discontinue** use of medication **5 days** prior to surgery unless directed by surgeon in consultation with prescribing cardiologist/internist.
- **COUMADIN** - is usually stopped **4-5 day** preoperatively in consultation with prescribing cardiologist/internist.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT PRIOR TO YOUR SURGERY. THIS INCLUDES GUM, or CANDY. WATER IS OK UP TO 2 HRS PRIOR TO ARRIVAL TIME. For patients who smoke we ask you **not to smoke 1 month prior to surgery. If you do, your surgery will be cancelled.**

Upon discharge, you must arrange a ride home with a responsible adult (a family friend or family member). Presidio Surgery Center policy will not allow you to leave alone. If you are taking a taxi or public transportation, a responsible adult must accompany you.

Online Pre-Procedure Registration Instructions:

We recommend that you enter your medical history on-line. Once you do this, a Presidio Surgery Center pre-procedure assessment nurse will be able to access the information you entered on-line. This information will assist the nurse in the organizing and documenting your complete medical history to prepare for your procedure.

To begin your online Pre-Procedure Assessment,

- 1) Go to the One Medical Passport website: <https://www.onemedicalpassport.com/>
- 2) Check the box to accept the Terms of Use and click "**Register**"
- 3) Complete the registration and medical history screen, click **Finish** to submit your Medical Passport to Presidio Surgery Center.

IF you prefer, you can call Presidio at 415-346-1218 as soon as possible to complete your health history screening.

Please contact your physician's office to set up your initial post-operative appointment 10-14 days at (415) 668-8010 option# 3, contact medical assistant if you have any post-operative questions, medications refills, and questions regarding disability forms.

Andie Stevenson, MA (415) 592-2031

Medical Assistant to MARK SCHRUMPF, MD

If you are experiencing any redness, numbness, swelling, fever, or increase pain, please call our office immediately at (415) 668-8010 option #4.

Surgery Cancellation Policy:

California Pacific Orthopaedics & Sports Medicine will make every effort to accommodate your scheduling needs. In return we ask that you help us by keeping your scheduled surgery, and by notifying us in advance if you are unable to do so. **All patients who fail to arrive for their scheduled surgery or cancel less than 5 business day will be charged a non-refundable administration fee up to \$500. This fee cannot be charged to your insurance carrier.** If your primary care physician has not cleared you for surgery prior to this time, please contact your surgery coordinator as soon as possible. In addition, all patients that cancel and reschedule a procedure two (2) or more times will be charged a non-refundable deposit of \$500 for each occurrence. This fee cannot be charged to your insurance carrier.

California Pacific Orthopaedics & Sports Medicine accepts cash, personal checks, Visa, MasterCard and Debit Cards.

Notification of Insurance Coverage:

Some procedures may require an Assistant Surgeon; however, some insurance companies, such as **Aetna, may or may not pay for a Physician Assistant (PA) or a Registered Nurse First Assist (RNFA)**. Your portion will be 30% of the primary surgeon's reimbursement. In addition, Cigna insurance will pay for a PA or RNFA as out of network and may apply the charges to your out of network deductible.

Please be advised that patient will be receiving three (3) separate EOB's (Explanation of Benefits), and statements from medical entities showing patient financial responsibilities.

- Surgeon's Office
- Medical Facility
- ACAMG Anesthesia

If you have questions regarding the physicians' fee schedule please contact **Physician Focus** our billing department between the hours of 8:00 am and 4:30 pm, Monday through Friday at **650-375-2506 option #3** to obtain pre-payment quote of physician surgical charges. **Please have the CPT Code(s) available when calling.**

For Presidio Surgery Center facility fees please, contact **Shelly Cameron at (916) 529-4865 or email at shelly.cameron@scasurgery.com**. **Please have the CPT Code(s) available when calling.**

To get pre-payment quotes for anesthesia, please have the CPT Code(s), Length of surgery, anesthesia type available when calling. Please contact ACAMG at 833-922-1081.

For a "SELF-PAY" (no insurance) patient undergoing surgical procedure please be advise that payment is required in full prior to your schedule surgery. Payment must be made 2 weeks prior to surgery. If you have any additional questions regarding this policy or the above information, please do not hesitate to contact me directly at (415) 592-2000.

For more information regarding the facility and staff please visit Presidio Surgery Center website at **www.presidiosurgery.com**

Thank you,

Jada Ezzati

Jada Ezzati Surgery Coordinator



3838 California Street, Ste. 715
San Francisco Ca 94118
Tel: (415) 668-8010

MARK SCHRUMPF, M.D.

Contact List:

Andie Stevenson – Medical Assistant to Mark Schrupf,
M.D. Direct Telephone: (415) 592-2031 or UCSF mychart
Email: astevenson@calpacortho.com

Please contact Andie directly if you have any questions regarding the following:

- Completion of Disability Forms
- FMLA Forms
- Request for Work Release
- Prescription
- Physical Therapy
- Post-op questions
- DME (Durable Medical Equipment: Crutches, Braces)

JADA EZZATI– Surgical Coordinator for Mark Schrupf, M.D.

Direct Telephone: (415) 592-2000

Fax: (415) 592-0002

Email: jezzati@calpacortho.com

Please contact Jada directly if you have any questions regarding:

- Scheduling Surgery
- Rescheduling Surgery
- Pre-operative requirements (History & Physical, EKG, Laboratory Work up)
- Confirmation of surgery date and time
- Explanation of the surgical instructions

Please contact Katie Sisson regarding post op questions.



LIST OF MEDICATIONS THAT MUST BE STOPPED 7 DAYS PRIOR TO PROCEDURES

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| Vitamins: | Vitamin E, Fish Oil, Saw Palmetto | | |
| Herbal Medications: | Dong quai Garlic Ginkgo Biloba | Ginseng Green Tea Turmeric | Ephedra Feverfew Ginger |
| Non-Prescription Medications: (over the counter) | Non-Steroidal Anti-Inflammatory Drugs (NSAIDS): Ibuprofen: Motrin, Advil, Midol, Nuprin Naproxen: Naprosyn, Aleve, Anaprox Aspirin: Bayer, Excedrin, Bufferin, Anacin, Easprin, Alka-Seltzer, etc Enteric Coated Aspirin Tylenol is OK to use | | |
| Prescription Medications: Non-Steroidal Anti-Inflammatory Drugs (NSAIDS): * <u>Rofecoxib (CELEBREX)</u> -Hold for 7 days for Epidural Steroid Injections -Hold for 3 days for Medial Branch Blocks, Radiofrequency Ablations, Facet Joint and Sacroiliac Joint injections | Diclofenac (Voltaren, Catablam, Arthrotec) | Diflunisal (Dolobid) | Etodolac (Lodine) |
| | Fenoprofen (Nalfon) | Flurbiprofen (Ansaid) | Ibuprofen (Motrin, Advil, Midol, Nuprin) |
| | Indomethacin (Indocin) | Ketoprofen (Orudis, Oruvail) | Ketorolac (Toradol) |
| | Mefenamic Acid (Ponstel) | Meloxicam (Mobic) | Nabumetone (Relafen) |
| | Naproxen (Naprosyn, Aleve, Anaprox) | Oxaprozin (Daypro) | Piroxicam (Feldene) |
| | Pletal (Cilostazol) | Rofecoxib (CELEBREX)* | Sulindac (Clinoril) |
| | Ticlid (Ticlopidine) | Tolmetrin (Tolectin) | Valdecoxib (Bextra) |
| | OZEMPIC/WEGOVY/RYBELSUS (Semaglutide), MOUNJARO (Tirzepatide) | | |
| <p><u>IMPORTANT</u></p> <p>Check with your Prescribing Physician Regarding Holding these Prescription Medications Seven Days Prior to your Surgery:</p> | Anticoagulants: Enoxaparin (Lovenox) STOP 24 HRS PRIOR Heparin Warfarin (Coumadin) Antiplatelets: Aggrenox (Aspirin and Dipyridamole) Agrylin (Anagrelide) Clopidogrel (Plavix) Dipyridamole (Persantine) Ticlid (Ticlopidine) Pentoxifylline (Trental) Apixaban (Eliquis) – Minimum of 3 day Hold OK Rivaroxaban (Xarelto) – Hold 3 days OK | | |