

Dr. Hampton Total Joint Replacement/ Preservation Booking Sheet

Patient: _____ DOB: _____ Date Recieved: _____ Time: _____
Account # _____ Phone # _____ BMI _____

Diagnosis: OA Infection AVN Post Trauma OA Surgery Date: _____

Procedure: _____

Hip Position: PL DA Side: Right Left Bilateral

Hip Replacement Primary Complex Primary Revision

Cup: Stryker Trident II Biomet G7 S&N R3 Exactech Alton

Stem: Stryker Accolade II Biomet Taperloc Biomet MicoplastyTaperloc Exactech Alton

S&N Anthology Biomet Echelon Cemented

Stryker Restoration Modular Biomet Arcos Depuy SROM CT Scan

Other

Knee Replacement Primary Revision Manipulation

NAVIO TKA NAVIO Uni [Med Lat] S&N Legion Biomet Persona Exactech Truliant

Exactech Truliant w/ Navigation Stryker Triathlon

Biomet SSK Stryker Triathlon Hinge Biomet OSS Stryker GMRS

On Coumadin On Plavix On Xarelto Diabetes/HgbA1C RH OSA

Varus Valgus

DVT: ASA Xarelto

Needs Dental Clearance

Facility: PBGMC SCPBG LWSC JMC SCburns Baptist SC StMary

OUTPATIENT SCREENING CHECKLIST

- Age 18-70 years (excl. Medicare & Medicaid payers)
- Body mass index (BMI) less than 35
- If Diabetic, A1C \leq 7.5
- Low Risk patients (Exclude patients with history of MI, Stroke, heart surgery, valvular heart disease (e.g. aortic stenosis), significant arrhythmias, OSA, chronic pain/Opioid dependence, complications from anesthesia)
- Not currently taking Anticoagulation /Blood Thinner
- Patient/Family agrees with same day discharge plan
- Patient must be home the night of discharge with a responsible adult present
- Case must be scheduled as an ambulatory surgery and 1st or 2nd case of the day
- May be applied to patients undergoing primary Unilateral THR/TKR/UKR, Hip Resurfacing and simple revision such as a liner exchanges