

Johns Hopkins Community Physicians
Orthopaedic and Spine Surgery – Greater
Washington Region
6420 Rockledge Drive, suite 2200
Bethesda, MD 20817
301-530-3220 T
410-367-2237 F



Dear

This is your surgical confirmation letter and instructions for your upcoming surgery/procedure. Please read this carefully as it contains important information.

Your surgery/procedure with _____ is scheduled for:

-
-
-

In preparation for your surgery, the _____ requires the following:

Medical clearance from your Primary Care Physician and any specialties that you are currently receiving care, for example cardiologist, urologist, etc.

- ❖ In the case you do not have or do not wish to see your primary care physician, you may contact _____ to schedule an appointment for pre-operative medical clearance.

Contact the _____ to schedule a “pre-operative review”.

Their contact number is _____

Results of all pre-operative tests should be faxed directly to above facility at _____

All medical clearance must be completed at least **seven (7) days** prior to your scheduled surgery/procedure. In the absence of clearance, the _____ will cancel your surgery/procedure.

Follow pre-operative instructions. See attached document for details.

Attend educational seminar/class at the hospital. See attached document for details.

Watch/read educational information regarding your upcoming surgery/procedure. This will be forwarded to you via email. You will receive an email from “EMMI.com” with instructions. These videos will provide general information, and are very helpful in preparing you for the surgery/procedure.

You may receive a call from the _____ to schedule a “type and screen” blood work prior to your surgery/procedure.

Your first post-operative visit with _____ is scheduled for _____ at _____ at _____

Please do not hesitate to contact our office (240-762-5100), if you have any questions or concerns.