

Dear MEDICAL PROVIDER:

Our mutual patient continues to have significant arthritic symptoms in spite of our conservative management and is considering surgical treatment options, including TOTAL HIP ARTHROPLASTY under an anticipated SPINAL anesthetic.

I have asked our patient to contact your office for medical examination, and any specialized testing or procedures which you feel are necessary to evaluate the patient fully. Should you perform ANY testing, communication, in the form of FAXED COPIES, is greatly appreciated. Please be aware that we will complete pre-operative testing in our office **only** if these tests are not performed by your office or are out of date per hospital guidelines.

Your assistance in assuring our patient is medically optimized pre-operatively is invaluable.

For your convenience we have included a form which might facilitate the communication process.

Thank you for allowing us to participate in the care of YOUR patients. We will keep you apprised of our patients progress.

Sincerely,

John R. Moore, IV

John R. Moore, MD

Pinehurst Surgical Clinic

Orthopedics Department

(910) 295-024

MEDICAL/CARDIAC RECOMMENDATIONS for _____

STANDARD TESTING REQUIRED BY MRH for SURGERY: 12 lead EKG, CBC and CMP. (HgA1C is required for DIABETIC patients) ****To be used for surgical admission, hematologic testing must be dated within 30 days of SURGICAL DATE, and EKG must be dated within 6 months of SURGICAL DATE***** **(PLEASE CIRCLE TESTS PERFORMED, IF PERFORMED)****

NON REQUIRED/OPTIONAL TESTING: ****AT THE PROVIDERS DISCRETION****

PATIENT IS OPTIMIZED FOR SURGERY

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PATIENT IS **NOT** OPTIMIZED FOR SURGERY SECONDARY TO:

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FURTHER TESTING PENDING: _____

PERI-OPERATIVE RECOMMENDATIONS: _____

PATIENT IS NOT RECOMMENDED FOR SURGERY AT THIS TIME

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Provider Name: _____

Provider Signature: _____

DATE: _____

PLEASE FAX TO (910) 215-2655

Pinehurst Surgical Clinic-Orthopedics Department

Dr. John R. Moore

(910) 295-0224 (DIRECT office phone number for questions/concerns)