



**ORTHOPAEDIC**  
SPECIALTY INSTITUTE  
MEDICAL GROUP OF ORANGE COUNTY

## **Dr. Fischer's Arthroscopic Shoulder Surgery** **Handout**

Many patients who intend to proceed with an arthroscopic shoulder surgery to treat their shoulder pain and weakness have questions regarding what will occur prior to, during, and after their surgery. Please review the information in this handout which should answer many of your questions. Understand that your individual recovery may vary somewhat from what I have written here due to individual patient differences in severity of weakness, stiffness or general health. If you decide that you are a good candidate for this procedure after our office consultation, you'll need to prepare, both physically and psychologically for your post-operative recovery. Please use this handout as a general guide to help you make appropriate arrangements with your family, friends and work to facilitate this process. By planning ahead and following these recommendations, you can help ensure a smooth surgery and a speedy recovery.

At each post-operative appointment, I will discuss with you how you are healing and what your next step in recovery will require. If you have additional questions regarding your particular medical care or recuperation, please do not hesitate to ask me or my team.

### **Understand Your Procedure**

Arthroscopic surgery is a technique for performing shoulder surgery where the surgeon views the inside of your shoulder joint through a fiber optic "arthroscope", or video camera. The arthroscopic device is approximately the length and diameter of a pencil. Using the arthroscope, we can visualize the joint surfaces, the rotator cuff tendons, the labral cartilage and ligaments, biceps tendon, and the subacromial bursa. Once the problems causing your shoulder pain, weakness, stiffness or instability are identified, they can be repaired using specially designed instruments while working through multiple small incisions approximately 4 millimeters in length (less than  $\frac{1}{4}$  of an inch). The use of arthroscopic techniques result in less scarring, with lower risk of complications after your surgery. Arthroscopy is commonly used to remove loose fragments from the joint, remove bone spurs that impinge on the rotator cuff

tendons, repair torn rotator cuff and biceps tendons tears, repair dislocating shoulders and to treat some types of shoulder stiffness.

The more you know about your procedure, the better you will be able to face the challenges of your post-operative recovery. Don't hesitate to ask questions when you do not understand the information we provide to you. My staff and I will instruct you in what you can expect before, during and after surgery. We will provide you with information about the process of being admitted to the outpatient surgery center, the type of anesthesia you will need, the amount of time required to perform your surgery and recover from your anesthesia, your post-operative pain management plan, and your post-operative rehabilitation. A nurse from the outpatient surgery center will also contact you a day or two after your return home to make sure that you are not experiencing an unusual amount of pain, nausea or any other problems.

### **Picking a Surgery Date**

We will do all we can to accommodate your scheduling needs. I perform arthroscopic shoulder surgeries on Thursdays and Fridays at the Main Street Specialty Surgery Center in Orange.

### **Outpatient Surgery Center**

Unless otherwise arranged, all shoulder arthroscopic procedures are performed at Main Street Specialty Surgery Center located at 280 South Main Street in Orange (on the first floor of the building where our main OSI medical offices are located). The surgery center is a separate business entity from our medical group so it may or may not be a provider for your insurance plan. Likewise, the anesthesiologists who will perform your anesthesia are not members of our OSI medical group. Although they are contracted with most common insurance companies, we cannot guarantee that they are providers for your personal insurance plan (even if I am a provider). Please check with the surgery center prior to your surgery to confirm any financial arrangements necessary to have your procedure performed there.

### **Assemble your personal and medical information**

During the weeks before your surgery, you will be asked about your insurance coverage, medical history and legal arrangements regarding advanced healthcare directives (“living wills”). You may feel that you are asked to provide the same information over and over again, but this redundancy is necessary to meet quality assurance and medical insurance guidelines. If you have everything organized and written down, you can reduce your frustration and speed the process. Be sure to organize the following information:

- A designated family member or friend as your primary contact to receive post-operative information from the doctor and disseminate it to other family members and friends.

- A list of all the doctors you currently see and your reasons for seeing them. Please provide names, addresses and phone numbers.
- A list of medical conditions and all previous operations, including those that are not bone-and-joint operations.
- A list of all the medications you currently take on a regular basis. Copy the name of the medication, the dosage and the frequency (daily, twice a day, etc.) from the prescription bottle. Don't forget to include vitamins and minerals, herbal supplements and other over-the-counter medications you take regularly. We may advise you to stop taking certain medications or supplements a week or two before your surgery.
- A list of any allergies or adverse reactions you've had to drugs or anesthesia in the past. Provide the name of the drug, and a description of your reaction and when this happened.
- Any dietary restrictions or other health problems you have, such as diabetes, asthma, HIV or hepatitis.
- A list of your insurance coverages, including the name of the insurance company, the plan or group number and contact information. Be sure to bring your insurance cards and a form of personal ID with you to the surgery center.
- Information about any legal arrangements you've made, such as a living will or durable power of attorney. Bring a copy of the documents with you to the hospital.

### **Pre-Operative General Medical Clearance**

To take all safety precautions with your health, I request that you have a complete general medical evaluation prior to your surgery. This may include several blood tests, a chest x-ray and an EKG (heart test). This is to ensure that you are in the best health possible pre-operatively, and will promote a safe and rapid recovery from your surgery. This evaluation can be performed by your personal medical physician if they are willing to provide us and the surgery center with a thorough and transcribed (not hand written) Physical Exam report. If he or she are unwilling or unable to provide this service, please discuss this with my staff and we can arrange for you to see a physician of our choice who is familiar with the surgery center's requirements.

### **Blood Donations and Transfusions**

All patients lose a minor amount of blood during a shoulder arthroscopy, but the amount of blood loss will not require a blood transfusion.

### **Get in Shape for your Surgery:**

**Smoking** - This is very important – Cigarette smoking significantly increases your risk of complications during and after surgery. Rotator cuff tendon healing, bone healing, and surgical wound healing are significantly reduced in smokers compared to non-smokers. Smokers have a greater likelihood of chest

colds, pneumonia, strokes and heart problems after surgery compared to non-smokers. For all these reasons, I respectfully require that if you are a smoker, you need to stop smoking at least 2 weeks prior to your surgery and refrain from resuming this habit for at least a month afterward. Also, please understand that it is the nicotine in your system that interferes with the healing process so do not use a “nicotine patch” or nicotine gum to during your recovery from your surgery as this would have the same negative effect upon your healing as smoking.

***Exercise before surgery*** - If it is not too uncomfortable, simple exercising such as walking or bicycle riding (prior to your surgery) will help you to recover more completely after your surgery. Exercising that irritates your shoulder pain should be avoided.

***Diet*** – Eat a healthy diet of lean meats, whole grains, and a variety of vegetables and fruits. Take a multivitamin daily and supplement this with extra vitamin C and vitamin D3 as well as an iron supplement.

***Dental Work and other Medical Procedures*** - If you anticipate needing to have dental work, colonoscopies, or other minor surgical procedures, please schedule them more than one month prior to, or three months after your shoulder replacement surgery.

***Controlled substances*** - If you use any “controlled substances” for any reason (prescription or non-prescription, including marijuana or other THC containing products) tell me far in advance of your surgery as they may complicate your recovery.

### **Things to Do Several Weeks Prior to Your Surgery:**

#### ***Pre-Operative Orthopaedic Appointment***

Approximately one week before your surgery, you will meet with me in our office to review the risks and possible complications associated with your procedure. We will answer any additional questions you may have, and make all final arrangements necessary for your surgery. Please be sure to provide me with a current list of all medications you take on a daily basis (including their dosages). We will provide you with a prescription for your post-operative pain medication. Please get this filled prior to your surgery so you have it waiting for you when you return home. Although you may have ongoing pain in your shoulder prior to your surgery, do not use the prescription pain medicine until after your surgery. Do not bring this medication to the surgery center; you will not need it there. At the conclusion of this appointment, you will also schedule an appointment with my office staff to see me in our office approximately 1 – 1 ½ weeks after your surgery.

#### **Medication Instructions:**

- Certain medications can have side effects during surgery and must be discontinued prior to your procedure, while other medications have no such problems. The following are general

pre-operative guidelines on several medications patients commonly take. It is important to clarify with your personal physicians what their recommendations are for the specific medicines you take.

- Anti-Inflammatory drugs
  - Aspirin, Non-Steroidal Anti-Inflammatories (NSAIDS) [Advil (Ibuprofen), Aleve (Naproxen), Voltaren (Diclofenac), Mobic (Meloxicam)] – discontinue 1 week prior to surgery.
  - Celebrex – no need to stop using this particular NSAID.
- Blood Thinners
  - Coumadin (Warfarin), Plavix - discontinue 5 days prior to surgery. You may need to take Lovenox as a “bridge” medication until the day of surgery.
  - Pradaxa, Eliquis – discontinue 2 days prior to surgery. You may need to take Lovenox as a “bridge” medication until the day of surgery.
- Cardiac and Blood Pressure drugs
  - ACE Inhibitors – [benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec, Epaned), fosinopril (Monopril), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace), trandolapril (Mavik)] – do not take these the morning of surgery.
  - Diuretics (water pills) [Lasix, HydroChloroThiazide (HCTZ)] – do not take these on the morning of surgery.
  - Most other Cardiac and Blood Pressure drugs (Beta blockers, Calcium channel blockers) - OK to take these the morning of surgery.
- Diabetic medications
  - Oral medications – do not take these on the morning of surgery.
  - Insulin - do not take this on the morning of surgery.
- Mood Enhancing drugs
  - Lithium – discontinue this medication 3 days prior to surgery.
  - Others – OK to take up to the morning of surgery.
- Herbal Supplements – (Dong quai, Ephedra, Echinacea, Feverfew, Fish oil, Garlic, Gingko biloba, Ginseng, Goldenseal, Kava, Licorice, St. John's wort, Valerian root, and others) – because it is difficult to know exactly what is contained in many of the over-the-counter supplements, we advise discontinuing them for at least 2 weeks prior to surgery.

### **Plan Ahead for your Homecoming**

**Returning home** – You will not be allowed to undergo your procedure at the surgery center unless you have arranged for someone other than yourself to drive you home (not a taxi or Uber) and for an adult to stay with you overnight. Depending upon the procedure performed, you may also need some assistance for several days with meals and dressing. If you live alone or have special physical needs, and have no one available to assist you, consider hiring a skilled nursing assistant to assist you after your surgery for a few days.

**Meals** - If you normally cook for yourself at home, consider making double batches of the food you prepare for a week or two prior to your surgery and freeze half of what you've prepared. This will provide you with a week or two of ready-made meals when you return home from the hospital.

**Frequently used items** - Place commonly used items in your home at counter-top or waist level before you have your surgery so they are easily accessible, not requiring you to reach overhead or squat down low to use them when you return home. Set up a "recovery center" where you will spend most of your day when you return home. Place items such as a telephone, television remote control, radio, facial tissues, wastebasket, water bottle or pitcher of water and drinking glass, reading materials and medications within easy reach.

**Cold Therapy** – If permitted by your insurance company, we will arrange for you to use a cold therapy unit for the first week after your surgery. This is a device which circulates cold water through a special sterile pad applied to your shoulder after your surgery. This is used to decrease swelling and pain and to improve your recovery. If your insurance will not pay for this, you will have the choice of paying for this device yourself or using ice packs to cool the shoulder.

### **Night before Surgery**

Take a shower or bath with antibacterial soap the night before surgery to help reduce the risk of infection. **Do not shave around the area of the surgery. Do not eat or drink anything after midnight the night before surgery** unless you have been informed otherwise in advance by me or the anesthesiologist. Feel free to pack a small bag with personal effects for use at the surgery center such as an eyeglass case or contact lens case and reading materials. Please leave your cash, credit cards, and jewelry at home. Do bring your insurance card, a form of personal ID, and an advance medical directive (if you have one).

### **Day of Surgery**

Wear very loose-fitting clothes that zip or button up the front on your upper body as these will be much easier to put on when you leave the surgery center. You will be asked to arrive at the surgery center 1 1/2 hours before your scheduled surgery time to allow the staff ample time to get you prepared for your procedure. I will visit you in the pre-surgical area approximately 5-10 minutes before your surgery. You will meet your anesthesiologist at this time as well and he/she will review with you what to expect from the anesthesia administered for your surgery.

### **Your Surgery**

Shoulder arthroscopy may take 1-3 hours of surgical time depending upon the procedure performed. After your procedure you will be in the post-anesthesia recovery room for an additional 1-1½ hours. Once you are in the recovery area, I will speak with your family or friends to let them know that we are finished with your procedure and to inform them how your surgery went.

### **Post-Operative Convalescence**

The first night after your surgery you will be quite tired and you can expect that you will not feel up to having visitors other than close family or friends. It is necessary that you have someone stay with you that first night to assist you with getting up, ambulating and getting to the bathroom.

### **Wound Care**

When you leave the surgery center, there will be clean bandages in place over your incisions. There is no need to change this dressing on your own as my team will do this for you at your first office visit (approximately one and one-half weeks later). If the bandage becomes soiled or loose, please apply a clean gauze bandage with tape or several large Band-Aids to keep the incisions clean. If you prefer to remove the bandages prior to your first post-operative office visit, it is safe to remove them 3 days after surgery, but then please apply Band-Aids to each incision to keep them clean. There is no need to apply antibiotic ointments or to cleanse the incision unless I instruct you to do so.

### **Use of Your Sling**

When you leave the surgery center, your arm will be in a sling to limit stress and strain to your shoulder. It is necessary that you remove the sling three times daily to do gentle range of motion exercises with your hand, wrist and elbow. During the daytime, it is ok to leave your arm out of the sling (if it is comfortable to do so) unless I've indicated otherwise. When going outside your home you should wear the sling at all times to prevent injury to your shoulder repair. You should wear the sling at night for sleep until I instruct you otherwise.

### **Post-Operative Exercises**

During your post-operative recovery, we and your physical therapist will teach you a series of exercises to regain your range of motion. Please do these as instructed three times a day. Do not add additional exercises unless asked to do so by me or your therapist. Do not use the surgical arm to lift or carry objects weighing more than a few ounces until I instruct you that it is safe to do so.

Here are some "do's and don'ts" for when you return home:

- Don't use the arm to push yourself up in bed or out of a chair because this requires forceful contraction of muscles we have repaired as part of your procedure.
- Do follow the program of home exercises prescribed for you. You may need to do the exercises 3 times a day for 6 months or more.
- Don't overdo it! Early overuse of the shoulder may result in later limitations in motion.
- Don't lift anything heavier than a glass of water for the first 6 weeks after surgery.
- Do ask for assistance. We can recommend a home health agency or facility if you do not have home support.
- Don't participate in contact sports or do any repetitive heavy lifting with your shoulder until I have informed you that it is safe to do so.
- Do avoid placing your arm in any extreme position, such as above shoulder level or behind your body for the first 6 weeks after surgery.

### **Bathing**

I prefer that you keep the incision dry for approximately three days after your surgery. During that time, it is best if you simply “sponge bathe”. Thereafter you may get in a shower to bathe but do not scrub the incision, simply let the water run over the incision and then blot it dry with a clean towel once you are finished. Do not submerge the incision under water until I give permission to do so.

### **Medications**

Please resume all your regular prescription medications after your surgery unless I have instructed you otherwise.

You will have received intra-operative antibiotic medication while you are under anesthesia. Unless I specifically say otherwise, there will be no need for additional antibiotics once you go home.

You will receive a prescription for pain medication at your pre-operative appointment. Use this medicine as directed on the bottle after your surgery.

### **Diet**

A healthy diet with an assortment of lean meats, fresh vegetables and fruits is important for good health and healing. After a surgery, your body will need additional nourishment as it heals your incisions and rebuilds your strength. Dietary supplementation with a good multi-vitamin with additional vitamin C and vitamin D3 may be a good idea for several months after your surgery. A high fiber diet can be valuable to promote good bowel habits after surgery as the pain medications have a tendency to constipate many individuals. Should constipation develop,

two tablespoons of Milk of Magnesia once or twice can be of benefit to help relieve this problem.

### **Sleeping**

It is often difficult to sleep in bed for several weeks after a major shoulder surgery. The muscles around your shoulder will be swollen and tender resulting in soreness and pain. At night, the discomfort from your surgery becomes more apparent and is aggravated when pressure is applied to these muscles either from lying partially on that side or simply from moving about in bed. Most patients find that they rest better if they sleep in a recliner chair, on a sofa or arrange their pillows in bed to position their trunk and shoulders to remove pressure from their shoulder.

### **Driving an Automobile**

It is not appropriate to consider operating a motor vehicle if you are taking pain medication as this will cause a dangerous decrease your alertness and slow your reaction time to traffic changes. You are not to drive until I have given permission for you to do so. Once you are no longer using narcotic pain medications during the daytime, it may be possible for you to drive using your nonsurgical hand to steer the driver's wheel and using your surgical hand to steady the driver's wheel in your lap. Please discuss this with me prior to attempting to do so as there may be other considerations requiring that you not drive.

### **Post-Operative Office Appointments**

At your first post-operative appointment, I or my team will examine your incision, check your range of motion and review your home exercise program. In some circumstances we will begin outpatient physical therapy immediately after this appointment, but most often this will not occur until 3-4 weeks after your surgery. We will recommend an appropriate Physical Therapy facility for this purpose and provide you with a prescription for the therapist to begin treatment at the time we have recommended. Your therapy visits will occur two or three times weekly and will last approximately 1 – 1 ½ hours each. Before you leave the office, you will schedule another appointment to return approximately 4-6 weeks later. If you require additional pain medication, please discuss this with me at this appointment; do not wait until you are out of medicine and then call for refills as there may be delays in either our office or at the pharmacy resulting in inconvenience to you as well as increased discomfort.

### **Subsequent Office Visits**

Your second post-operative appointment will be approximately 4-6 weeks after your surgery. At this time, you should have had sufficient improvement in your discomfort that you no longer require pain medication. Most patients will have already begun outpatient physical therapy by this time. I will ask that you return for office visits approximately every six weeks to monitor your recovery and to individualize your rehabilitation program as necessary to ensure an optimal

recovery. Most patients require formal physical therapy visits for 3 - 4 months after surgery. Thereafter, patients continue a home exercise program for an additional 6-9 months to promote maximal recovery and improvement in shoulder function.

### **Renewal of Pain Medication Prescriptions**

In most cases, it is not possible to renew prescriptions for pain medication during a weekend. Prior to the beginning of a weekend, please check to ensure that you have enough pain medication to last you until the following Monday. If it appears you may not have a sufficient number of pain pills to last you through a weekend, you should call for a refill during office hours on Thursday, or at the latest, on Friday morning. Please do not wait until the last minute to call late on a Friday afternoon when the staff are getting ready to leave the office, and please respect my partners weekend time with their families by not calling the "on call physician" for pain medicine prescriptions on the weekend.

### **Airport Security Issues**

Even if there are metallic devices implanted within your shoulder at the time of your surgery (such as suture metal anchor devices or screws) it is extremely unlikely that they will set off airport security screening devices. If the walkthrough monitors are activated by your shoulder implants, the security agents may screen you with a wand. Under some circumstances of heightened security measures, airport security agents may also require that you show them your scar to confirm that you have indeed undergone this surgery, so you may want to wear a loose-fitting shirt or blouse that opens at the neck for this reason.

### **General Comments on Post-Operative Return of Shoulder Function**

As a result of your shoulder injury or abnormality and the associated decrease in use of your arm, there is undoubtedly some degree of muscle atrophy and weakness and perhaps some stiffness present within your shoulder joint. These pre-operative abnormalities in your shoulder combined with the pain, swelling and scarring which occur after an operation often cause patients to temporarily have significant restrictions in shoulder joint mobility. In general, pain and soreness persist for 4-8 weeks after surgery, with substantial stiffness persisting for as long as 1-3 months and mild stiffness persisting on an intermittent basis for as long as 1-4 additional months. Although many patients are happy with their recovery at 3-4 months after their surgery, all patients seem to have additional improvement which continues for up to a year. It will take time and dedication to your rehabilitation to recover from this weakness and stiffness. Even with an excellent recovery, I feel it is necessary to point out the obvious; that this surgery cannot provide you with a perfectly normal shoulder joint. You may notice occasional sensations of clicking, catching soreness and stiffness - these are not abnormal.

### **Complications:**

As is the case with most surgical procedures, complications may occur after an arthroscopic procedure. Some complications are related to the surgery itself, while others can occur over time after your surgery. When complications occur, most are successfully treatable. Possible complications include (but are not limited to) the following.

- **Infection** - Infection is a potential complication of any surgery. In arthroscopic shoulder surgery, infection may occur superficially in the incision or deep inside in the joint. If this occurs, it usually does so in the first few days or weeks after your surgery. Infections in the incision area are generally treated with antibiotics. Major deep infections may require more surgery to “clean up” the area of infection. To prevent infections, you are given antibiotics at the time of your surgery. Because an infection located elsewhere in your body can spread to your shoulder joint, it is recommended that you take antibiotics whenever you have other types of surgery procedures. The published overall risk of infection (combining both superficial and deep infections) for an arthroscopic shoulder surgery is up to 2% however, at the Main Street Specialty Surgery Center, the risk of this occurring is less than 0.5%.
- **Blood Clots (DVT) and Pulmonary Embolism (PE)** – DVT (deep venous thrombosis) is rare after shoulder surgery but can occur. Occasionally a DVT can result in a Pulmonary Embolism (a condition where a piece of the blood clot breaks loose within a vein and travels to the lungs). This is a serious and potentially life threatening problem. If these problems occur, hospitalization may be necessary. Treatment requires the use of blood thinners for several months or longer. The published risk of developing a DVT after an arthroscopic shoulder surgery is approximately 0.4%, however my experience has been even less.
- **Nerve Injury** - Although this type of problem is infrequent, nerves near the joint replacement may be damaged during surgery. Over time, these nerve injuries often improve and may completely recover, but they can be permanent. The published risk of a nerve injury after an arthroscopic shoulder surgery in some centers is as high as 3%, however studies of large series of patients indicate the risk is more likely to be approximately 0.2%.
- **Stiffness** – Most patients experience the development of post-operative stiffness due to formation of scar tissue during the healing process. Although most patients have stiffness for the first few months after their surgery, it usually resolves after 3-5 months of physical therapy. Occasionally, patients develop persistent stiffness due to their body’s production of excessive scar tissue. If this occurs, extended physical therapy or a second surgery may be necessary to improve the stiffness. The published risk of this occurring is approximately 5%.

- **Failure to heal properly** – Most patients heal their surgery as expected and have the post-operative outcomes that they desire. Occasionally, healing after arthroscopic shoulder surgery is incomplete. There can be many reasons for this occurrence such as poor quality of tissue available for repair, general medical conditions which interfere with healing (such as diabetes, cigarette smoking, rheumatoid arthritis, obesity), post-operative re-injury, and patient non-compliance with our recommendations for appropriate shoulder activities as they recover. The risk of this occurring varies with the specific procedures being performed. Please feel free to ask me for further information regarding your procedure at our pre-operative meeting.
- **Chondrolysis** – This is a condition where the articular cartilage covering the shoulder joint surfaces seemingly dissolves away after an arthroscopic surgery leaving the joint surfaces to rub against each other bone-on-bone. Its cause is unknown, but may be related to excessive use of thermal devices or the use of intra-articular pain medication pumps. Young patient age, instability surgery, and traumatic articular cartilage damage have also been implicated as possible risk factors. It often presents initially as a deep ache that progresses to painful loss of motion 3-12 months after the surgical procedure. Treatment of this problem is challenging and relies predominantly upon anti-inflammatory medicines, physical therapy, intra-articular injections and ultimately some form of shoulder joint arthroplasty. The risk of this occurring has not been determined but it is exceptionally rare.

Finally, I want to thank you for reviewing this information and for entrusting the care of your shoulder condition to me and my staff. If we can do anything to improve your understanding of this process or if you have additional questions or concerns not addressed within this document, please inform us and we will do our best to assist you.

Sincerely,

A handwritten signature in cursive script that reads "Scott P. Fischer". The signature is written in dark ink on a white background.

Scott P, Fischer, M.D. and staff  
(949) 255-9738

**Acknowledgement of Understanding:**

I believe it is of very important that ***you***, the patient, be as well informed (as is reasonably possible) about your procedure prior to your surgery, as it will improve your results after the surgery is performed (should you desire to proceed). Therefore, we hold you responsible for the information contained within this handout that we have issued to you, and I ask that you sign the statement below and return it to my staff prior to your surgery. If you have additional questions beyond the information provided to you, my team members and I are available to answer them as best we can.

I have read the information contained in Dr. Fischer's arthroscopic shoulder surgery handout and understand its contents as well as the potential risks and benefits associated with my upcoming surgery. All of my questions have been answered.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_

OSI Team Member Signature: \_\_\_\_\_