

Patient and Physician Resource Guide

"The NoteBook"

The Centers for Excellence in Laparoscopic Obesity Surgery

Robert Rutledge, M.D., F.A.C.S.

<http://www.CLOS.net>

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Welcome from Dr. Rutledge and CELOS

Dear Future MGB/CELOS Patient,

Hello from myself (Dr. Rutledge) and the staff at The Centers for Excellence in Laparoscopic Obesity Surgery (CELOS) and the MGB experience (www.clos.net).

We care for people who come from all around the world and all 50 states in America. To safely manage this effort we have put in place a process for you to learn more about us and for us to learn more about you.

We are also happy to announce New Pricing/New Procedures and a streamlined New Process for the preop evaluation of the MGB.

This "Notebook" is designed to help you complete the "Preop Evaluation Packet" (the "packet" is the collection of documents you send to us for review prior to approval for surgery).

The Notebook has two main sections. Section 1 explains the parts of the packet that you will need to complete. And the second section contains printable pages that act as dividers. You will print those pages then insert the required material behind the divider page. In the left column below is an explanation of the parts of the "Preop Evaluation Packet" ("The Packet") and second is a list of pages for you to print and put in the front of each part of the packet to help you get the whole thing organized. The printable pages act as dividers to divide each part of the packet you will submit.

This notebook will help you to better understand the surgery and better prepare you for surgery by increasing your knowledge about obesity, obesity surgery, and the MGB and will enable us to take much better care of you when you come to have your surgery with us.

Doing the packet is difficult and demanding but is designed to maximize your education and safety.

Section 1: Read the manual and complete the online form	Learn about the MGB and tell us about you
Section 2: Dr's History and Physical/ Lab tests etc.	PreOp Medical Evaluation
Section 3: Psych evaluation	Determination of coping skills
Section 4: Join the e-mail group to get your 5 patient contacts	Talk to previous MGB Patients
Section 5: PreOp Permission Form	Show understanding of the surgery
Section 6: Family Permission Form	Show your family understands and supports you
Section 7: PreOp Pictures	Baseline
Section 8: HIPAA Form	Patient Privacy
Section 9: Insurance Release	Dr R Does not take insurance
Section 10: Medications and Allergies	Double check
Section 11: Contact / Billing Information	How to get in touch with you
Section 12: Prescriptions	Recommended Pre and Post Op Prescriptions

Organizing Your Packet to Submit

This is your Patient Packet notebook. If you will follow the check list and helpful hints, you should have few problems with preparation. You will need to purchase dividers with tabs that can be labeled. Label each section as directed. Place the documents or items called for in back of each divider. Then place the completed packet in a folder. Please do NOT punch holes or staple any of the contents. You may write on the check off list and the other forms that are designated to write on.

MGB Patient Packet Helpful Hints

- We need time to review the details of your case. Your packet must be received in the CELOS office in a folder and complete a minimum of two weeks prior to your surgery date. If your packet is late, your surgery could be cancelled.
- We need your lab data to evaluate you. Your lab work and EKG must be in packet (unless arrangements have been made in advance).
- Every patient must attend a clinic prior to surgery. We try to schedule patients so that their time away from home is minimal.
- You will be advised of seminar dates and times. You will also be advised of your clinic appointment if you have not or could not attend a seminar.
- Your support person must attend the clinic with you.
- When you send your notebook, please be sure to put our suite number, 302, in the address.
- Please do NOT require a signature for your packet's delivery.

Our Schedule

Scheduling your surgery or coming to clinic to meet us? Check with us in advance. This schedule is regular, but is subject to change.

Tuesday: 8:30 a.m. - Registration is held on the first floor conference room. Please check in with admitting in the front lobby, they will bring you to the conference room.

9:00 a.m. - Preoperative Clinic as well as staple removal from last week's surgical patients - Annex room of the hospital

Wednesdays and Thursdays: Surgery days

Thank you.

Dr. Rutledge

Some other things you'll need to know:

Be sure to check your email frequently and follow any instructions you receive.

You will receive a call for hospital registration and nursing assessment prior to your arrival for surgery.

You will have your staples out the Tuesday morning after a Wednesday or Thursday surgery.

The day before your surgery you need to go to the St. Rose Delima Hospital, 102 E. Lake Mead Pkwy, Henderson, NV 89015 to register for surgery.

You will pay the hospital portion at this time.

The hospital will give you a receipt.

You will pay the portion for Dr. Rutledge and Anesthesiology at the Tuesday morning preop clinic. Your receipts will be in your discharge instructions the day following your surgery.

The email containing your surgery instructions will explain the distribution for the cashier's checks

Remember, if you live more than two hours away, you promise to remain in the area for seven days.

Please contact any of our staff members should you have any questions. We're here to assist.

Sandy Brubaker, 702-376-3647, Email: sandyb@clos.net

Jen Brubaker, 702-376-9339, Email: jen@clos.net

Trish Lanman, 702-376-3446, Email: trish@clos.net

Now let's start working on your packet!

The Patient Packet Checklist

There are 12 sections if the Packet. **Section 1:** Read the manual and complete the online form (Learn about the MGB and tell us about you); **Section 2:** Dr's History and Physical/ Lab tests etc. (PreOp Medical Evaluation); **Section 3:** Psych evaluation (Determination of coping skills); **Section 4:** Join the e-mail group to get your 5 patient contacts (Talk to previous MGB Patients); **Section 5:** PreOp Permission Form, (Show understanding of the surgery); **Section 6:** Family Permission Form, (Show your family understands and supports you); **Section 7:** PreOp Pictures, (Baseline); **Section 8:** HIPPA Form, (Patient Privacy); **Section 9:** Insurance Release, (Dr R Does not take insurance); **Section 10:** Medications and Allergies, (Double check); **Section 11:** Contact / Billing Information, (How to get in touch with you); **Section 12:** Prescriptions, (Recommended Pre and Post Op Prescriptions.) Below are the tips to completing the Packet process

SECTION 1: Read Manual & Complete Online Form

- **Download or Buy the Manual and Read it**

Download and print the Manual

To do this got to <http://www.clos.net>. Look at the links on the left border and click the link that says, "Get the Manual."

http://clos.net/get_patient_manual.htm or <http://goo.gl/GApm>

It is over 130 pages so make sure to have plenty of paper handy. Print the manual out. You will refer to it over and over. Any time you come to clinic or a seminar, be sure to bring your manual with you. Many people three-hole punch their manual and keep it in a three ring binder.

Or Buy a copy of the Manual

You can also buy a copy of the Manual online at "Lulu"

<http://www.lulu.com/commerce/index.php?fBuyContent=217348>

- **Complete the Online Patient Application**

<http://clos.net/patinfox.htm>

Submit your patient application online. To do this, go to <http://clos.net> and look to the left border. Click on the link that says, "Pt Application."

<http://clos.net/patinfox.htm> or <http://goo.gl/FkKe>

You cannot save it, so once you start completing the form you need to finish or you'll lose the information. Most people print out a blank, fill it out by hand, and then go back and enter it. When you submit it, you will receive a form confirmation on your screen.

PRINT out the confirmation pages. You will need a copy of it for your packet.

You need to include the confirmation pages from your initial Patient Application online form. Contact us or note if you did not print the confirmation pages at the time it was submitted.

SECTION 2: Doctor's Information

Your Doctors Information (Doctor's History and Physical Examination and Laboratory Data.)

This section is the most difficult in some ways the most important. It has been simplified. If possible your Doctor is asked to fill out the attached "Check Box" History and physical Form. It includes many little tips and pointers to help your Doctor complete your preoperative history and physical examination and the needed laboratory studies. This notebook also includes a letter to your Doctor from Dr. Rutledge describing the "Check Box" form and other tips and pointers to safely evaluate your for the MGB. You can read these comments and Dr. Rutledge's letter but a quick summary is provided below:

Pre-Operative History and Physical Examination

Dr. Rutledge asks your Doctor to perform a routine preoperative History and Physical Examination. As a possible aide in the rapid performance of this examination Dr. Rutledge has created "Check Box" History and Physical Examination Form that your Doctor may want to use to shorten the time it takes to perform the examination and to guide him/her in some of the details in the preoperative preparation process for special patients.

Other Medical Problems/Other Doctors/Other Specialists

If you have other serious medical or psychological illnesses and see another medical doctor for these problems we would like a letter describing you health issues and giving any guidance related to your surgery. For example if you see a cardiologist we will need an examination and letter from your cardiologist and any additional testing he/she recommends.

Drugs and Medications

Preparing for surgery requires a careful review of your medications with your Doctor and Dr. Rutledge. Below are some guidelines, Tips and Pointers:

Warning!! Do Not Stop Any Drug before Surgery without Careful Discussion with Your Primary Doctor First

Anti-Depressants: We usually Do Not Stop Anti-Depressants Before Surgery

Blood Thinners/Anti-platelet Drugs, Aspirin and similar drugs: We ** Usually ** all blood thinners/anti-platelet agents, aspirin and similar drugs as well all herbs, Vitamins and Supplements need to be stopped prior to surgery.

Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamine: Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines use are all relative contraindications for Mini-Gastric Bypass with Dr. Rutledge. We require physician supervised drug withdrawal programs documented by the physician and patient and family. (Klonopin use is an absolute contraindication)

Steroids (prednisone etc.): Steroid use (prednisone etc.) is usually a contraindication to Mini-Gastric Bypass surgery with Dr. Rutledge

Anti-platelet Therapy (aspirin or clopidogrel (Plavix)): Our ** Usual ** Peri-operative Management of Patients Who Are Receiving Anti-platelet Therapy (aspirin or clopidogrel (Plavix)): stop treatment 7 to 10 days before surgery. We ** usual ** Resuming aspirin when there is adequate hemostasis. Stop (Plavix) clopidogrel at least 5 days and, preferably, within 10 days prior to surgery. We prefer "bridging" therapy with a Lovenox 40 mg/d

Coumadin (warfarin sodium): Usually If on Coumadin (warfarin sodium) there is a \$5,000.00 Surcharge. We usually Stop warfarin 5 days prior to surgery Therapeutic dose sc LMWH D/C 24 hours before surgery. Resume

therapeutic doses of heparin post-operatively resume warfarin on 1-3 days after surgery LMWH pre- and post-operative.

Beta Blocker Management: Beta blockers such as propranolol and atenolol may reduce the risk of cardiovascular complications for patients undergoing surgical procedures. Patients undergoing MGB on a beta blocker as a "home" or "current" medication will receive their usual beta-blocker therapy at the "usual" time prior to surgery.

Preoperative Laboratory Tests & EKG

Patients are evaluated for common issues prior to undergoing surgery. The usual tests are listed below:

We Recommend Vitamin D Level: Check for Vitamin D Deficiency:

Vitamin D deficiency is common. Vitamin D is connected to a variety of other diseases that include different cancer types, muscular weakness, hypertension, autoimmune diseases, multiple sclerosis, type 1 diabetes, schizophrenia and depression. Because gastric bypass can further worsen vitamin D absorption We recommend Preop patient be tested for and treated for vitamin D deficiency prior to surgery. (The usual Rx if abnormal is daily sun exposure, Rx vitamin D deficiency 2,000-7,000 IU vitamin D/d to maintain D levels 40-70 ng/mL, (1000 IU of vitamin D is only 25 µg;)

We Recommend H. Pylori Test: Check for H. Pylori Infection:

H. pylori is responsible for most ulcers and many cases of stomach inflammation (chronic gastritis) and many stomach cancers.

Since weight loss surgery can also cause stomach ulcers and gastritis the combination of H. Pylori and stomach surgery can be additive. We now recommend that all patients undergo preoperative testing and treatment for H. Pylori if found.

Usually Treatment for taken for 10 to 14 days. Medications may include: Two different antibiotics, such as clarithromycin (Biaxin), amoxicillin, tetracycline, or metronidazole (Flagyl), Proton-pump inhibitors, such as omeprazole (Prilosec), lansoprazole (Prevacid), or esomeprazole (Nexium) Bismuth subsalicylate (Pepto-Bismol), in some cases.

Test: CBC Complete Blood Count (Hemoglobin and Hematocrit) Look for Iron Deficiency (Common in Women)

Low blood iron levels (iron deficiency) anemia is common in American women (3%) because of menstrual blood loss. Weight loss surgery can exacerbate this problem and we require preoperative assessment and initiation of treatment in conjunction with your Doctor's advice. (Usually STEP 1; See your gynecologist to decrease monthly blood flow!, STEP 2: Iron deficiency anemia Dx/Rx if abnormal: Proferrin, Heme Iron Polypeptide, <http://www.coloradobiolabs.com/> <http://www.coloradobiolabs.com/ClinicalStudies/Studies.aspx> Am J Kidney Dis. 2003Aug;42(2):325-30 PROFERRIN (Iron) WARNINGS Accidental overdose of iron-containing products is a leading cause of fatal poisoning in children younger than 6 years. Keep this product out of reach of children. If overdose does occur, seek immediate medical attention or call a poison control center.

Preoperative EKG hypertension; chest pain; congestive heart failure; diabetes; cerebral vascular and peripheral vascular disease; syncope or presyncope; dizziness; shortness of breath; dyspnea on exertion; paroxysmal nocturnal dyspnea; palpitations; leg/ankle edema; and abnormal valvular murmurs.. *An EKG performed within 3 months of scheduled surgery is acceptable unless there has been a change in the patient's medical status requiring a repeat EKG. If you do not think an EKG is clinically indicated it may be omitted. "Abnormalities on preoperative ECGs are common but are of limited value in predicting postoperative cardiac complications in older patients undergoing noncardiac surgery."

Chest x-ray is recommended for patients: with significant cardiac, pulmonary or neoplastic disease or when indicated by the primary care physician (A chest x-ray taken within 6 months of scheduled surgery is acceptable unless there has been a change in the patient's medical status.)

Urinalysis is only indicated at the request of the primary physician.

Liver Function Tests indicated; only for History of recent/active liver disease or biliary tract disease, etc.

Digoxin level=On Digoxin, Lithium, Dilantin On Lithium, Dilantin (phenytoin) or other anticonvulsant drugs (phenytoin), phenobarbital, Tegretol/Carbatrol (carbamazepine), Depakote (valproic acid) level

SECTION 3: Psychological Evaluation

The preoperative process includes a psychological evaluation. This can be with a psychiatrist or psychologist. You will need a letter from him stating that you're capable of making a proper decision and of making the life changes that will take place as a result of surgery. You need to show that you do not have an alcohol or other drug problem and that you do not have an active mental illness which is untreated or which would render you unable to do the self-care that is necessary following gastric bypass surgery.

SECTION 4: Patient Contacts

As part of the preoperative process we ask that you talk to five MGB patients before having the surgery.

The New Packet Requirements: You ONLY Need five Patient Contacts! A good way to meet former MGB patients is to join our on line mailing list. To join, go to <http://health.groups.yahoo.com/group/Mini-Gastric-Bypass>.

The required number of patient contacts has been decreased from 10 to 5. You need to make contact with **** FIVE **** former patients who have had the MGB. Another easy way to do this is to go to <http://www.mgbhelp.com>. Also you can email all of the CELOS Staff at EveryOne@clos.net for help.

Once you have five contacts, go to <http://www.clos.net/contact-patients.htm> Be sure to print what next appears on your screen and include it with your packet.

SECTION 5: Patient Consent Form

The patient letter and the Preoperative Informed Consent have been combined. The patient letter requirement has been replaced by completing the Informed Consent Form. A separate patient letter is no longer required.

Fill out and sign the Consent Form. The consent form is included later in this file under Section 10. It says, do not sign until you're with a health professional witness, but the copy that you are mailing in with your packet needs to include your signature and date. You will need **TWO** copies of this. One will go in your notebook and be sent with your packet. The other copy needs to be brought with you when you have surgery. You will be given another on a hospital form to fill out so if you have your copy with you, you can just copy it over onto the proper form. A nurse in the holding area will witness your signature..

SECTION 6: Family Consent Form

The family support letter has been replaced by the Family Consent Form. It is much the same as the Patient Consent Form. It must be filled out by a member of your family who will be in your life to support you through the surgery and beyond. This can be your mother, father, sister, brother, husband, wife, adult child or life partner. This form should be filled out completely and signed then notarized just as the former family support letter needed notarization. This should be returned with your packet signed and notarized. You may want to assist your support person in understanding what you have learned about the surgery and the risks and benefits. In fact, it's a good idea to sit down with your support person

and together read, discuss and fill out the form. This consent form is purposely complete listing every possible risk. We want you to be a well-informed patient and have well-informed people to support you.

SECTION 7: Photographs

You will need two pictures of yourself. Wear something that will show your body shape clothed, so that the doctor will know before he meets you where your weight is concentrated. Please also submit a photo of your abdomen if you have a significant scar on it. This is helpful to determine if its location may be something the surgeon needs to be aware of prior to your arrival for surgery. Note, all photos are only reviewed and placed in your private medical chart of the CELOS office. There will be NO publication of these photos unless you were to submit or display them online or any other means of publication. We prefer 4X6 color prints.

SECTION 8: HIPAA Form

Sign and date the HIPAA form under Section 8

SECTION 9: Insurance Release

This is a two-part process. There are two forms. Everyone must sign the release form whether they are paying cash or not. The form clarifies whether or not you will be working with the hospital to bill insurance (if pre-certified with St. Rose). The second part of the form is the form you will need if you intend to seek reimbursement from your insurance company. This is a 9-10 page form that is based on the information you supplied in your original patient information form (patient application). If you are asking for an insurance letter, the request form must be notarized. There is a \$25 fee for this form, however many patients have found it very helpful. If you plan on having the hospital bill your insurance please contact Linda Johnson at (702) 616-5000 after you have a surgery date.

SECTION 10: Medications and Allergies

Complete the sheet enclosed. This form will provide us the most current list of medications and supplements.

SECTION 11: Contact / Billing Information

Complete the form with your information.

SECTION 12: Prescriptions

Because of changes in the laws we no longer offer to send out prescriptions. Sorry. You can take these suggested enclosed prescription sheets to your doctor and he can have them filled prior to arriving in NV for surgery or we can fill them after clinic in Las Vegas. Please check with Sandy Brubaker, sandyb@clos.net to confirm you have picked them up. There is nothing to submit in the packet with this section.

Once your packet is complete:

Your packet must come to us in a folder. Make sure it is completed before sending it. If you receive your notebook in the form of a CD or electronic file, please purchase dividers with labeled tabs for each section and mail in. Your packet must be received not less than 14 days before your desired surgery date. Your packet should be sent Fed-ex, Priority Mail, or UPS. It should **** NOT **** require a signature.

Dr. Robert Rutledge

CLOS

98 E. Lake Mead Pkwy, Suite 302

Henderson, NV 89015

Office Phone: 702-456-4643

SECTION 1

Paper Copy of Online Patient Application

Please label the divider in front of this section:

Online Patient Application

Place the confirmation pages behind this page.

Place a copy of your initial Patient Application here.

- Include the confirmation pages that appeared on your screen or in your sent file after submitting the online

SECTION 2

Your Doctor's Information Section: History and Physical & Laboratory Data

(Note: this is the largest section and for your safety the most important)

Your Primary Care Physician's evaluation is critical for your safe evaluation and surgical care.

This section contains several Documents:

1. Letter to your doctor from Doctor Rutledge giving him/her some tips and or pointers on how to prepare patients for the MGB. In the Appendix Dr. Rutledge provides details on issues of Medications and Issues related to preparing for the MGB.
2. A Guided "Check Box" History and Physical Examination Form that can ease your Doctor's evaluation

Please label the divider in front of this section:

Doctor's Information

- Your documented History & Physical from your primary care doctor within 3 months of the surgery
(On the next page is a letter you may wish to take to your doctor.)



The Centers for Excellence in Laparoscopic Obesity Surgery

The Mini-Gastric Bypass

Short, Simple, Effective, Durable, Revisable and Reversible

Controlled Prospective Trials Show the MGB Outperforms the Band and the RNY

Dr. Robert Rutledge, M.D., F.A.C.S.

98 E. Lake Mead Pkwy, Suite 302, Henderson, NV 89015,

Office Phone: 702-714-0011. Email: DrR@clos.net, Web: www.CLOS.net

Hello;

I would like to introduce myself, I am Dr. Robert Rutledge. Your patient has contacted my office about being considered for "Mini-Gastric Bypass" surgery.

I would like to ask for your advice, direction and support in considering the patient's request for bariatric surgery. All of my patients undergo a very deliberate and demanding preoperative assessment process.

I am eager to provide all surgical and bariatric follow up after operation. For other medical issues a relationship with a primary care physician is of value.

A routine detailed history and physical examination is part of the preoperative evaluation. For your convenience I have attached a "Check-Box" Guided History and Physical template form that you might find useful in completing the requested History and Physical Evaluation.

In addition I have attached an Appendix of "Tips and Pointers" for patient selection and preparation for the MGB.

I have one of the largest experiences performing laparoscopic gastric bypass in the world. I have as of performed over 5,000 laparoscopic Mini-Gastric Bypasses. Over the 14 years that I have been performing this surgery we have had overall excellent results. Healthgrades.com grade my program at St Rose Hospital in Henderson Nevada as one of the best in the United States. The operative time is an average of 38 minutes and the median hospital stay is 1 day. Our patient and referring satisfaction levels are graded at over 4.5 out of 5 in surveys of thousands of patients and referring physicians. I am the original developer of the Mini-Gastric Bypass and the surgery is now being performed widely in dozens of countries around the world. Also of note is the fact that several controlled prospective randomized trials have demonstrated that the MGB out performs the Lap-Band and the RNY gastric bypass.

The mean weight loss is over 140 lbs at one year and we have has greater than 93% success in reversing diabetes, sleep apnea, hypertension etc. We have successfully operated upon patients from all 50 states across the U.S. including Alaska and Florida, as well as Iraq, Iceland, Turkey, Pakistan, Nigeria, Mexico, Canada, England, Japan, Puerto Rico and Iceland.

Please feel free to call or email me at anytime 24 hours a day for any further information. My cell phone is 702-714-0011, Email: DrR@clos.net. Also please consider visiting our website at www.clos.net/

Your help in the preoperative evaluation of this patient is greatly appreciated.

Sincerely,

Robert Rutledge, M.D., F.A.C.S.

The Center for Laparoscopic Obesity Surgery

Appendix: Evaluation and Preparation for the MGB

Recommended Preoperative Tips and Tasks for Our Patients:

1. Primary Care Physician Appointment

2. Complete History and Physical Examination

3. Review Drugs/Medications

We recommend the patient talk with their doctor FIRST. We warn patients: Do Not Stop Any Drug before Surgery without Careful Discussion with Your Primary Doctor First.

Anti-Depressants

We usually Do Not Stop Anti-Depressants Before Surgery

Blood Thinners/Anti-platelet Drugs, Aspirin and similar drugs

Note that we ** Usually ** all blood thinners/anti-platelet agents, aspirin and similar drugs as well all herbs, Vitamins and Supplements need to be stopped prior to surgery.

Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamine

Note: Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines use are all relative contraindications for Mini-Gastric Bypass with Dr. Rutledge. We require physician supervised drug withdrawal programs documented by the physician and patient and family. (Klonopin use is an absolute contraindication)

Steroids (prednisone etc.)

Note that steroid use (prednisone etc.) is usually a contraindication to Mini-Gastric Bypass surgery with Dr. Rutledge

Anti-platelet Therapy (aspirin or clopidogrel (Plavix))

We recommend the patient Talk with their Doctor FIRST. Our ** Usual ** Peri-operative Management of Patients Who Are Receiving Anti-platelet Therapy (aspirin or clopidogrel (Plavix)): stop treatment 7 to 10 days before surgery. We ** usually ** Resume aspirin when there is adequate hemostasis. Stop (Plavix) clopidogrel at least 5 days and, preferably, within 10 days prior to surgery. We prefer "bridging" therapy with a Lovenox 40 mg/d

Coumadin (warfarin sodium)

We recommend the patient Talk with their Doctor FIRST. Usually if on Coumadin (warfarin sodium) there is a \$5,000.00 Surcharge. We usually Stop warfarin 5 days prior to surgery Therapeutic dose sc LMWH D/C 24 hours before surgery. Resume therapeutic doses of heparin post-operatively resume warfarin on 1-3 days after surgery LMWH pre- and post-operative.

Beta Blocker Management

We recommend the patient Talk with their Doctor FIRST. Beta blockers such as propranolol and atenolol may reduce the risk of cardiovascular complications for patients undergoing surgical procedures. Patients undergoing MGB on a beta blocker as a "home" or "current" medication will receive their usual beta-blocker therapy at the "usual" time prior to surgery

Preoperative Laboratory Tests & EKG

All patients are evaluated for common issues prior to undergoing surgery. The usual tests are listed below:

Vitamin D Level: Check for Vitamin D Deficiency:

Vitamin D deficiency is common. Vitamin D is connected to a variety of other diseases that include different cancer types, muscular weakness, hypertension, autoimmune diseases, multiple sclerosis, type 1 diabetes, schizophrenia and depression. Because gastric bypass can further worsen vitamin D absorption We recommend Preop patient be tested for and treated for vitamin D deficiency prior to surgery. (The usual Rx if abnormal is daily sun exposure, Rx vitamin D deficiency 2,000-7,000 IU vitamin D/d to maintain D levels 40-70 ng/mL, (1000 IU of vitamin D is only 25 µg;)

H. Pylori Test: Check for H. Pylori Infection

H. pylori is responsible for most ulcers and many cases of stomach inflammation (chronic gastritis) and many stomach cancers. Since weight loss surgery can also cause stomach ulcers and gastritis the combination of H. Pylori and stomach surgery can be additive. We now recommend that all patients undergo preoperative testing and treatment for H. Pylori if found.

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Test: CBC Complete Blood Count (Hemoglobin and Hematocrit) Look for Iron Deficiency (Common in Women)

Low blood iron levels (iron deficiency) anemia is common in American women (3%) because of menstrual blood loss. Weight loss surgery can exacerbate this problem and we require preoperative assessment and initiation of treatment in conjunction with your Doctor's advice. (Usually STEP 1; See your gynecologist to decrease monthly blood flow!, STEP 2: Iron deficiency anemia Dx/Rx if abnormal: Proferrin, Heme Iron Polypeptide, <http://www.coloradobiolabs.com/> <http://www.coloradobiolabs.com/ClinicalStudies/Studies.aspx> Am J Kidney Dis. 2003 Aug;42(2):325-30 PROFERRIN (Iron) WARNINGS Accidental overdose of iron-containing products is a leading cause of fatal poisoning in children younger than 6 years. Keep this product out of reach of children. If overdose does occur, seek immediate medical attention or call a poison control center.

Preoperative EKG hypertension; chest pain; congestive heart failure; diabetes; cerebral vascular and peripheral vascular disease; syncope or presyncope; dizziness; shortness of breath; dyspnea on exertion; paroxysmal nocturnal dyspnea; palpitations; leg/ankle edema; and abnormal valvular murmurs.. *An EKG performed within 3 months of scheduled surgery is acceptable unless there has been a change in the patient's medical status requiring a repeat EKG. If you do not think an EKG is clinically indicated it may be omitted. "Abnormalities on preoperative ECGs are common but are of limited value in predicting postoperative cardiac complications in older patients undergoing noncardiac surgery."

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Urinalysis is only indicated at the request of the primary physician.

Liver Function Tests indicated; only for History of recent/active liver disease or biliary tract disease, etc.

Digoxin level=On Digoxin, Lithium, Dilantin On Lithium, Dilantin (phenytoin) or other anticonvulsant drugs (phenytoin), phenobarbital, Tegretol/Carbatrol (carbamazepine), Depakote (valproic acid) level

Other Medical Specialists

We also request a letter of clearance and preoperative evaluation from all specialists that participate in the patient's health care.

History and Physical Examination

Name: _____ Age _____ yrs Gender: M / F

Address:

DOB:

CC: PreOp Evaluation and Assessment: The patient presents as a potential candidate for metabolic / cosmetic / weight loss surgery with Dr. Rutledge and the Centers for Laparoscopic Obesity Surgery (CLOS), 98 East Lake Mead, Suite 309, Henderson NV. 89015

Hx PI: Patient Description:

Pts: Wt: _____ lbs **Ht** _____ ft _____ in

Obesity Effects on lifestyle:

Weight Related Issues:

Allergies: (Meds/allergens and reactions)

Penicillin/Cephalosporin Aspirin Other

Medications: including OTC, herbal, vitamins. Dosage if known. Generic (Trade) names. **(Note that all blood thinners/anti-platelet agents, aspirin and similar drugs as well all herbals supplements need to be stopped prior to surgery.)**

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PMH:	
Bariatric Surgery: <input type="checkbox"/> None <input type="checkbox"/> Lap Band <input type="checkbox"/> RNY Bypass <input type="checkbox"/> Other Weight Loss Surgery	
Surgeries & Procedures: <input type="checkbox"/> Abdominal Surgery <input type="checkbox"/> C-section Hysterectomy	<input type="checkbox"/> Open Wound Now? <input type="checkbox"/> Sepsis/Infection?
Anesthesia Experiences <input type="checkbox"/> Awareness? <input type="checkbox"/> Difficult Airway? <input type="checkbox"/> Arrest/Low Bp?	
Obstetric Hx <input type="checkbox"/> Complications? Hospitalizations? <input type="checkbox"/> Major	
Psychiatric: <input type="checkbox"/> Major Depression? <input type="checkbox"/> Hospitalized for Depression? <input type="checkbox"/> Suicidal?	<input type="checkbox"/> Bipolar? <input type="checkbox"/> Major Anti-psychotic Drugs? <input type="checkbox"/> Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines <input type="checkbox"/> Xanax / Valium / Clonazepam / Klonopin, Etc.?
Note: Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines use are all relative contraindications for Mini-Gastric Bypass with Dr. Rutledge and require physician supervised drug withdrawal programs documented by the physician and patient and family. (Klonopin use is an absolute contraindication)	
<input type="checkbox"/> Screening Tests: Mammogram, Pap Smear Up To Date / NA?	
Family Hx: <input type="checkbox"/> Cvd <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity	<input type="checkbox"/> Psychiatric <input type="checkbox"/> Other <input type="checkbox"/> None Significant
Social Hx: (Employment, Living Situation, Educational Background):	
<input type="checkbox"/> Cigarette Smoker Within Last 1 Year, Pack-Years: <input type="checkbox"/> Narcotic/Alcohol/Benzodiazepine/cocaine, amphetamines use	
Review of Systems	
Functional Status: <input type="checkbox"/> Independent (Drives/Walks/Works) <input type="checkbox"/> Partially Dependent <input type="checkbox"/> Totally Dependent	
General: <input type="checkbox"/> Headaches, Migraines <input type="checkbox"/> Fever, Chills <input type="checkbox"/> Weight Changes <input type="checkbox"/> Fatigue	
Skin: <input type="checkbox"/> Rash <input type="checkbox"/> Skin Cancer <input type="checkbox"/> Open Wound Now <input type="checkbox"/> Abdominal Scar(S)	
Breast & Axilla; <input type="checkbox"/> Breast Mass/Discharge	

Pulmonary: <input type="checkbox"/> SOB With Minimal Exertion <input type="checkbox"/> Snoring <input type="checkbox"/> Daytime Sleepiness <input type="checkbox"/> Severe COPD <input type="checkbox"/> Current Pneumonia <input type="checkbox"/> Asthma	<input type="checkbox"/> CO2 Retention <input type="checkbox"/> Steroid Dependent <input type="checkbox"/> Home O2 <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Home CPAP? <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> None Of The Above
Cardiovascular <input type="checkbox"/> Chest Pain, Angina <input type="checkbox"/> Arrhythmia, Tachycardia, Bradycardia, <input type="checkbox"/> Hypertension <input type="checkbox"/> Murmur <input type="checkbox"/> Heart Failure, <input type="checkbox"/> Dyspnea on Exertion, <input type="checkbox"/> Orthopnea <input type="checkbox"/> PND <input type="checkbox"/> Pacemaker/AICD	<input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Peripheral Edema <input type="checkbox"/> MI Within Past 6 Month <input type="checkbox"/> CHF Within Past 1 Month <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Previous Angioplasty <input type="checkbox"/> Hx Coronary Bypass <input type="checkbox"/> PVD <input type="checkbox"/> Leg Rest Pain/Gangrene <input type="checkbox"/> Absent Peripheral Pulses
Gastrointestinal <input type="checkbox"/> Dysphagia <input type="checkbox"/> Barrett's, <input type="checkbox"/> Hematemesis <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Jaundice <input type="checkbox"/> Liver Disease	<input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Active Hepatitis <input type="checkbox"/> Esophageal Varices <input type="checkbox"/> Ascites <input type="checkbox"/> GE Reflux <input type="checkbox"/> Nausea/Vomiting
Metabolic <input type="checkbox"/> Diabetes <input type="checkbox"/> Metformin? <input type="checkbox"/> Other Oral Hypoglycemic	<input type="checkbox"/> Insulin? <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Cushings, Addison's, Pituitary
Urinary/Renal Disease <input type="checkbox"/> Urinary Retention, <input type="checkbox"/> Incontinence, <input type="checkbox"/> Hematuria	<input type="checkbox"/> UTIs <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Renal Failure <input type="checkbox"/> Dialysis
Musculoskeletal <input type="checkbox"/> Muscle/Bone/Joints Pain <input type="checkbox"/> Stiffness, <input type="checkbox"/> Edema <input type="checkbox"/> Gout	<input type="checkbox"/> Deformities <input type="checkbox"/> Arthritis <input type="checkbox"/> Fractures, Dislocations <input type="checkbox"/> Myositis/Weakness/Atrophy

Hematologic

- Anemia
- Bruising, Bleeding
- Transfusions

- Hemoglobinopathies
- Coumadin/Warfarin
- Aspirin/Motrin/Aleve Etc.
- Plavix

Psychological

- Major Anxiety
- Alcohol Abuse
- Drug Abuse

Neurological

- Confusion
- Migraines
- Hx Head Injury
- Transient Ischemic Attack

- Stroke
- Degenerative Disease
- Brain Tumor
- Seizures
- None Of The Above

Physical Exam

Vitals: Ht ____, Wt: ____ Hr __ Rr __ Bp ____ Temp ____ Pulse Oximetry ____

Appearance:

Mental Status A&O X 3 (Person, Place, Time)

HEENT:

Neck:

Chest & Respiratory

Cardiac

Abdomen Scar(s)

Musculoskeletal & Extremities: Edema

PreOp Labs Studies

Vitamin D Level:

H. Pylori Test

<p>Hct: WBC:</p> <p>Platelets: (If On Coumadin (warfarin sodium))</p> <p>PT:</p> <p>PTT:</p> <p>INR:</p>	<p>Na:</p> <p>Cl:</p> <p>Cr:</p> <p>BUN:</p> <p>Glucose:</p> <p>K:</p> <p>HCO3:</p> <p>CO2: (Rx if abnormal)</p>
---	--

ECG:

CXR (not routine):

ASSESSMENT

Pre Op Assessment:	<input type="checkbox"/> Patient is cleared for surgery <input type="checkbox"/> Patient has increased risk but is judged to reasonable candidate for surgery <input type="checkbox"/> Patient very high risk for surgery <input type="checkbox"/> Other _____
Primary Care Physician:	<input type="checkbox"/> I or My Practice will be/are the patient's primary care physician

Physician Signature:

Physician Name:

Address:

SECTION 2B

Your Doctor's Section: Laboratory and Medical Testing

Please label the divider in front of this section:

Labs & EKG

Special Needs (Medications)

- Any other testing for medical issues that your primary care physician, specialist, or Dr. Rutledge requested. An example, if you required additional clearance from a Cardiologist and they have a stress test done the report of that test needs to be included here.

SECTION 3

Psychological Evaluation

Please label the divider in front of this section:

Psychological Evaluation.

Please place the results behind this page.

A psychological evaluation is to determine if you understand the surgery and are of sound mind to make the decision to have surgery. If you are taking medication prescribed for a mental disorder please read the patient packet process found in the Patient Manual carefully.

SECTION 4

Patient Contacts

Join the e-mail group to get your 5 patient contacts

Please label the divider in front of this section:

Patient Contacts

Place the confirmation pages behind this page.

Place a copy of your on-line Patient Contacts form here.

- Do not send the contact letters you received from the postops
- This form only needs **** 5 Contacts **** filled out
- Under the Patient Comments you need a minimum of 2-3 areas that were important in the experience of the MGB to the postop and/or yourself

SECTION 5

Patient Operative Consent Form

(This Used to Be the Patient Letter)

Please label the divider in front of this section:

The Patient Letter has been combined and replaced by the Informed Consent Form

This Letter section Has been deleted

Please label the divider in front of this section:

Consent Form the Consent form and the patient letter have been combined. The consent form now is used for the patient letter.

Place the consent pages behind this page.

Complete the enclosed Consent Agreement in long hand.

- In addition to the short answers be sure to initial each section next to the box you check
- Be sure to sign and date
- DO NOT use the consent form from the manual or the one available online. It must be this consent form. Do not worry if you have to erase or scratch through things. It just needs to be legible.
- This form does NOT require notarization

SECTION 6

Notarized Family Consent Form

(This used to be the family letter)

Please label the divider in front of this section:
Family Consent Form

The Family letter has been replaced by filling out the **** Family Preoperative Consent Form ****

Place the **** Family Preoperative Consent Form **** behind this page.

The NOTARIZED **** Family Preoperative Consent Form **** is to be from the person(s) in your life that will support you through the process of the surgery. If you're married your spouse needs to write the support consent form. It includes:

- Understanding of the Mini-Gastric Bypass surgery
- Understanding of the battle with obesity
- Understanding of the health risks associated with being over weight/obese
- Understanding of the risk of having surgery. The possible complications and risk associated
- Agreement to be there for you both physically and emotionally through this life change

SECTION 7

Photograph Section

Please label the divider in front of this section:

Photographs

Please place the photos behind this page.

- Paste or tape two photos of yourself to a blank sheet of paper. One photo should be a full length front view. The other photo should be a side view, full length.
- Please wear clothing, no nude photos will be accepted!
- If you have a scar from an open abdominal surgery (at the belly button or above), please take a picture of your scar and include it with this submission.

SECTION 8:

Patient Privacy: HIPAA Form

The "HIPPA" Law Gives You Rights Over Your Health Information

Providers and health insurers who are required to follow this law must comply with your right to

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing.
- Get a report on when and why your health information was shared for certain purposes
- If you believe your rights are being denied or your health information isn't being protected, you can
 - File a complaint with your provider or health insurer
 - File a complaint with the U.S. Government

You should get to know these important rights, which help you protect your health information. You can ask your provider or health insurer questions about your rights. You also can learn more about your rights, from the website at www.hhs.gov/ocr/hipaa/

HIPAA: Notice of Information Practices

This notice describes how information about you may be used and disclosed and how you can gain access to this information.

Please review carefully

NOTICE OF INFORMATION PRACTICES

The Center for Laparoscopic Obesity Surgery (CLOS) is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with the respect to protected health information. CLOS is required by law to abide by the terms of this Notice.

1. The CLOS may use and disclose protected health information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested preschool, or sports physicals, referral to nursing homes, foster care homes, home health agencies and/ or referral to other providers for treatment. Payment example includes, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Health care operations include, but are not limited to, internal quality control and assurance including auditing of records.

2. The CLOS is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Two examples of sure are for public health requirements or court orders.

3. The CLOS will not make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.

4. CLOS will abide by the terms of this notice currently in effect at the time of disclosure.

5. CLOS reserves the right to change the terms of its notice and to make new notice provisions effective for all protective health information that it maintains. CLOS will provide each patient with a copy of any revision of its Notice of Information Practices at the time of their next visit, or at their last known address if there is no need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our offices.

6. Any patient, guardian, or personal representative has the right to object to the use of their health information for directory purposes.

7. Any patient, guardian, or personal representative has the right to request to inspect or obtain copies of their medical record.

8. Any patient, guardian, or personal representative has the right to request amendments be made to their medical record.

9. Any patient, guardian, or personal representative has the right to request a six year accounting of al disclosure of their medical record. The history will be provided within 60 days of the request and a reasonable charge may be assessed for any copies after the requested 12 month period.

10. Any patient, guardian, or personal representative has the right to request restrictions as to how their health information may be used or disclosed to carry out treatment, payment, or health care operations. The Practice is not required to agree to the restriction requested, but if the Practice does agree, The Practice must abide by those restrictions.

11. Any person/ patient may file a complaint to the Practice and the Secretary of the Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the Privacy Officer at the following address and/ or phone number for the CLOS. Telephone: 702-714-0011. All complaints will be addressed and the results will be reported to the Privacy Officer.

12. It is the policy of the CLOS that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

The effective date: _____

Name of Patient or Legal Guardian: _____

Signature of Patient or Legal Guardian: _____

Date: _____

HIPAA Notice of Information Practices 802(form1)

Disclaimer: Contents are informational and not intended as legal advice. NCRIC MSO. INC. and its subsidiaries, its employees, agents, and staff, make no representation, guarantee or warranty, express or implied, that these forms are error free or the use of this information will prevent differences of opinion with any other party, and will bear no responsibility or liability for the result or consequences of its use.

SECTION 9:

Insurance Release Form

Please label the divider in front of this section:

Insurance Release Form

Place the completed form behind this page.

Please complete and sign the insurance release form whether you are going to bill your insurance or paying cash.

If you are planning to get prior approval to bill your insurance please read and sign form as per instructions and return to our office ASAP. If you are paying cash, you may sign the form and send it in with your packet. Please note, this form must be signed in front a NOTARY.

Insurance Release Form

Instructions if you are requesting an insurance letter for pre-approval:

You will need to print out the following letter, sign it in front of a Notary Public, and send it along with a check for \$25.00 (non-refundable and ONLY send check if you're billing insurance) made payable to Dr. Robert Rutledge, to the address on the form and to the attention of Sandy Brubaker.

You will also need to send a copy of your insurance card (front and back), copy of your driver's license, and a phone number for the hospital to contact you.

Once we get your signed and notarized request we can generate the insurance letter for you. It should be mailed to you within 5 business days, from the time we receive your request.

The information in the insurance letter comes directly from the Patient Information form that you completed online. If you left out medical history details, they will not be included in your insurance letter. The insurance letter is usually 9-10 pages long.

Your Insurance May Still Pay for Some of your Bills

Depending upon your insurance policy and which hospital you choose, you may or may not be able to have your surgery paid for either before or after your operation.

There are so many different companies and there are so many different policies that each company offers that Dr. Rutledge and his office staff can provide no prediction on how this might work in your case. It really is impossible for Dr. Rutledge or his staff in his office to answer your questions about insurance coverage where the hospital is concerned.

As stated above Dr. Rutledge does not accept insurance assignment and does not represent or warrant any availability of insurance reimbursement for any particular claim. If you choose to file an insurance claim on your own, please be aware that any issue dealing with the insurance companies will have to be handled by yourself.

Dr. Rutledge's office does not have any working relationship with any medical insurance providers. Our office can only provide minimal assistance to patients in processing claims to their insurance carrier. If you wish to try to be reimbursed for the hospital costs of the surgery, that will be between you and your insurance company.

CERTIFICATION OF THE TRUTHFULNESS OF MEDICAL INFORMATION SUBMITTED TO DR. RUTLEDGE AFFIDAVIT

I, hereby declare, swear, and affirm, under the penalty of law, that the contents of the "Patient Information" form submitted by me to the Center for Laparoscopic Obesity Surgery and all the information contained therein is true and correct, and includes all material information to identify and explain the details of my medical history.

I authorize on the basis of this document this affidavit release of my medical information.

1. That I have read and understand the requirements of the Mini-Gastric Bypass Preoperative Preparation Program.
2. That I will provide any additional information requested by Dr. Rutledge and/or The Center for Laparoscopic Obesity Surgery.
3. That I will provide information about any significant changes affecting my health or any other information contained in this affidavit or the Patient Information form in writing and by email.
4. That I recognize and acknowledge that any material misrepresentation in the Affidavit will be grounds for termination of any patient contract which may be created.
5. That I, undersigned swear that the foregoing statements, including statements and data provided in attachments hereto, are true and correct. This includes all material information provided to Dr. Robert Rutledge.
6. That I recognize and acknowledge that if I am covered by Medicare or a Medicare HMO, that the MGB is a non covered service. I will sign a non covered form at the time of service for Dr. Robert Rutledge and the St. Rose Delima Hospital. I will not be able to bill Medicare for the doctor or hospital fees.
7. That I recognize and acknowledge by signing the notarized document I am not covered by any type of Military insurance (i.e. Champus, Champ VA, Tricare, TriWest, Humana, or any other type of military insurance that takes the place of military insurance) and understand that as long as I am covered by this insurance I will not be able to have the MGB.
8. I understand and recognize by signing this document that the fee is no longer \$18,000.00 (if I am billing insurance). I understand that Dr. Rutledge's fee which I will pay at the time of service is \$9,750.00. I will be given a receipt at discharge to bill my own insurance.
9. I understand and recognize by signing this document, that the hospital will bill their full fee to my insurance company. The \$7,500.00 cash discount will not apply for the hospital portion. I will be responsible to contact hospital billing with a copy of my insurance card (front and back), driver's license, social security number, and a phone number 3 weeks before my tentative surgery date. I will be responsible for all co-pays and deductible at the time of surgery. I will be responsible to send the full amount of payment directly to the hospital if my insurance company pays me directly. I understand that the hospital will not bill my insurance or assist me for payment from my insurance company for the hospital service if I pay the cash discount.
10. I understand and recognize by signing this document, I will be responsible to give the anesthesiologist a copy of my insurance card and driver's license prior to surgery if I want him to bill my insurance. Even though I will be paying the anesthesiologist \$750.00 cash he will bill his full fees to my insurance company and will refund me any monies due after co-payment and deductibles. I understand that he will not bill my insurance company after the fact.

By my signature on this document, I am formally recognizing that Dr. Robert Rutledge does not accept insurance or any kind of third-party billing as payment for the services. I also recognize that Dr. Rutledge's office will not submit claims to my insurance carrier. This document is designed to clearly state that I am aware of the fact that Dr. Robert Rutledge does not accept insurance and that I will pay the bills for any and all treatments by Dr. Robert Rutledge. I acknowledge that if I choose to file an insurance claim that all issues dealing with the insurance claim will have to be handled by myself and/or my representative.

I understand that insurance reimbursement following treatment will be between my insurance company and me.

Printed Name: _____

Date of Birth: _____

Address: _____

Patient Signature: _____

Date: _____

Parent or other person authorized to sign for patient: _____

Signature: _____

Date: _____

Relationship: _____

(Please check one in front of notary)

I have read this form and will be billing my insurance for surgery

I will not be billing insurance for surgery

I have no insurance. I am cash only.

SWORN TO AND SUBSCRIBED before me, Notary, this _____ day of _____, 20__

(Notary Seal)

Notary Public: _____

Send completed form to:

Dr. Robert Rutledge, M.D.

98 E. Lake Mead Pkwy., Suite 302

Henderson, NV 89015

SECTION 10

Medications and Allergies

Please label the divider in front of this section:

Medications & Allergies

Place the completed form behind this page.

Complete the following sheet/form:

- List each and every medication you take

Give both the *generic* and *proprietary* Brand names (call your pharmacy) With tens of thousands of brand name and generic drugs currently on the market, the potential for error due to confusing drug names is significant. In March, 2001, the USP released "Use Caution, Avoid Confusion," an updated list highlighting hundreds of confusing drug name sets and identifying more than 750 unique drug names that have been reported to the Medication Errors Reporting program. For example:

Accolate Accupril

Accolate Accutane

Accupril Aciphex

Accupril Aricept

Accupril Monopril

Acebutolol Albuterol

Acetazolamide Acetohexamide

Acetazolamide Acetylcysteine

<http://www.usp.org/pdf/EN/patientSafety/qr792004-04-01.pdf>

Give accurate spellings Errors can be deadly.

When / Dosage / How long you have been taking this medication

Include both prescription as well as over the counter medications:

Please list each and every allergy and reaction

In addition to allergies to medication make sure to include such allergies as latex, shellfish, etc.

Include all over-the-counter vitamins and supplements

SECTION 11

Contact / Billing Information

Please label the divider in front of this section:

Contact / Billing Information

Place the completed form behind this page.

Complete all information regarding:

- Primary Care Physician Information
- Where planning to stay week following surgery
- Support Person Information
- Contact Numbers for week following surgery
- Method of Payment and arrangements

Contact / Billing Information Form	
What are the name, address, and fax number of your primary care physician?	
Where are you staying after surgery?	
Who is your support person and how can we reach that person in an emergency when you leave the hospital?	
At what phone number can we reach you during the week following surgery?	
Method of Payment/Arrangements: ? Cash/Cashier Checks Note: Please review the email you received containing Surgery Instructions for financial payment process and specific distribution	
? Credit Card <ul style="list-style-type: none"> • If paying by credit card, please notify your credit card company in advance • We require your credit card and driver's license at the beginning of clinic • There's an additional \$200 processing fee for the Dr.Rutledge portion • Anesthesia is NOT set up to accept credit card payment. You must bring a cashiers check or cash. 	
? Financing Note: If you're financing, you're responsible to make arrangements to have the payment to the CLOS office the Friday before your surgery date. This is necessary to avoid your surgery being cancelled. Please notify the finance company that they will be cutting 2 checks. one for St Rose DeLima, one for Dr Rutledge. Please contact Trish Lanman at (702) 376-3446.	

SECTION 12

Pre Op and Post Op Prescriptions

We no longer can provide prescriptions for out of state patients.

You can give the list below to your primary care physician for refills if you need them.

Your preoperative and post operative prescriptions will be given to you in clinic on the day before surgery.

- Most of the Medications are not necessary. You will not need all of these medications, since some are prescribed as needed
- If your pharmacy does not accept this sheet, then provide the information requested in the surgery instructions, so they can be faxed in by our staff

Preoperative Prescriptions

Prilosec (Also called Omeprazole) 20 mg tablets, Take 2 at bedtime the night before surgery, then post-op take 1 daily for 3-9 months. (available over the counter without prescription)

Levaquin (Levofloxacin) 500 mg tablet, Take 1 at bedtime the night before surgery

Post-Operative Prescriptions:

Prescription Pain Medications for Moderate Pain ***** (ONLY TAKE IF NEEDED) *****

Gabapentin (Neurontin) 100MG Capsules: Dispense #10 caps. No Refills.

Label: This medicine is an anticonvulsant and has also been shown to treat postop pain. Neurontin is given orally with or without food. Patients should be informed that they should take 1 to 2 tablets for pain as needed every 8 hours.

Delsym: Active Ingredient (in each 5 mL teaspoonful) **Dextromethorphan** equivalent to 30 mg dextromethorphan Dispense 3 oz. No Refills. Label: 2 teaspoonfuls Every 12 Hours as needed for pain, Not to Exceed 4 teaspoon Every 24 Hours

Non-Prescription Pain Medication for Mild to Moderate Pain ***** (ONLY TAKE IF NEEDED) *****

Tylenol (Acetaminophen) Elixir. Dose: (160 mg/ 5 ml) 1-3 tsp (160-480mg) every 4-6 hours as needed for mild pain. Dispense 1 bottle.

Advil Liqui-Gels, 200 mg, Liquid-Filled Capsules (ibuprofen): take 1 to 4, 200 mg capsules orally, up to 3 or 4 times per day to a maximum dose of no more than 800 – 1200 mg / day as needed for pain.

Medications for Nausea (***** ONLY TAKE IF NEEDED! *****):

Benadryl Quick Dissolve Strips 25 mg film strips, 1 to 2 strips orally every 4 – 6 hours as needed for nausea

Non-Prescription PostOp Medications:

Prilosec OTC (Omeprazole) Dispense: 2 boxes of 14 tablets, Sig Dose: 20 mg. twice per day for 3-4 months following surgery. Note: Nexium, Prilosec, Aciphex or Prevacid are all acceptable substitutes.

Calcium Carbonate / Titalac, Tums Antacid (Nonprescription) Dose: Chew 1 or 2 tablets every 4-8 hours while awake.

Melatonin Dispense: 2 bottles 5 mg tablets, Sig Dose: 5 mg. 1 to 4 tablets at night before bed.

Prescription Agents (Only to be Taken if Ordered by Physician)

Nystatin 600,000 units swish and swallow four times a day, continued until 48 hours after disappearance of symptoms (usually within 3-5 days) Dispense quantity sufficient for 5 days. Patient may have 2 refills.

Climara (Estradiol) 0.05 Mg/Day Patches Disp 4's for the treatment of moderate to severe vasomotor symptoms low estrogen syndrome. May have three refills.

Prescription Agent to be Taken Starting 2 Weeks after Surgery

Actigall® (ursodiol, USP) capsules: a bile acid available as 300 mg capsules. Take one capsule 2 x per day until after weight loss slows to less than 10 lbs per month. Dispense quantity sufficient for 30 days. Patient may have 3 refills.