

# MINIMALLY INVASIVE PROSTATE SURGERY A Center of Excellence and VIP Practice

Date:	

## **Getting ready for LRP**

Na	nme:		City:	State:			
Re	ferred by:						
atta	ach <u>all medical repo</u> i		, biopsy report, scans	uction form and fax them to us. Ples) and a copy of the front and back on and surgery date.			
1)	What is your age:	height: _		weight:			
2)	Do you have:		high blood pro trouble breath	essure high cholesterol ning	_		
3)	Do you smoke? _	When did you	quit? Packs	per day? How many years?			
4)	Please list operations you've had:						
					_		
5)	Please list your medications, including aspirin and pain medication, and doses:						
6)	Allergies:						
7)	<b>Optional:</b> if it's easily done, please mail us your photo or email it to <a href="mailto:ak@laprp.com">ak@laprp.com</a>						
ane ins cla	esthesiologist, and of surance card(s), but warification about cover	thers. Our office bills we do not represent your grage issues. In most	only for the surgeon our insurance compa cases, we cannot acc	spital, surgeon, pathologist, fee. We would be pleased to look a ny and would direct you there for ept insurance for the surgeon fee. P made by certified check or wire tra	aymen		
	~ .	l, not before, we will your involvement, w	•	biopsy slides transferred to our			
*H *M *M *F	Iampton Inn Iarriott Residence In Iarriott Courtyard Tairmont Turnberry Is	(954)874-1111	One block f Suites, acros Landlocked 200 Landlocked	l luck at these hotels: from our office as from a golf course, near Aventura , near Aventura Mall , near Aventura Mall	ı Mall		

We are here to help. If there is anything else you need, please do not hesitate to call.

<sup>\*</sup> Hotels with a discounted rate for Dr. Krongrad or Aventura Hospital



# MINIMALLY INVASIVE PROSTATE SURGERY A Center of Excellence and VIP Practice

### PATIENT REGISTRATION

Name:	Date:		Allergies	s:	
Date of Birth:	Social Security Number:				
Home address:					
City:					
Home phone: ()		Home fax: (_	)		
Cell phone: ()		_Pager: (	)		
Email:		Marital	Status:		
Next of Kin:	Relation:		Next of Kin Phone	: ()	
Occupation:	Retired: yes /	no	Referred by:		
Employer:	mployer: Location:				
Work phone: () Work fax: ()					
PRIMARY Insurance:		Pol	icy Number:		
Insured Name: Relation to Patient:					
Group Number:		Insurance phone: ()			
SECONDARY Insurance:		Po	olicy Number:		
Insured Name:		Re	lation to Patient:		
Group Number:		Insurance phone: ()			
To complete the medical record, re have the names and contact nun cardiologist. When your care prog here. In addition, we may share res	nbers of your primar resses, we will be for	ry physician, warding copies	urologist, and othe s of your medical re	r involved physicians, e.g	
Primary Physician:	Phone (	)	Fax: (	)	
Urologist:	Phone (	)	Fax: (	_)	
Other:	Phone (	)	Fax: (	)	
Other:	Phone (	)	Fax: (	)	
I authorize Dr. Krongrad and/or hi urologist, and/or others listed abov my confidential medical records an	ve and/or their office s	staff for the pu	rpose of completing	g, sharing, and/or reviewing	

Signed: \_\_\_\_\_\_ Date: \_\_\_\_\_



# **Preparing For Your Laparoscopic Radical Prostatectomy**

Name:	Date of LRP
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Getting ready for LRP requires several simple steps, which are outlined below. On receiving this form, please sign it and fax it to us at (305)936-0498 so what we are sure you have received it and understand it. If you have any questions, please call us immediately. We are here to help.

#### On scheduling surgery:

Review your medications and notify us immediately if you are taking insulin, medications for diabetes, aspirin, products containing aspirin (*e.g.*, Alka Seltzer, Anacin, Ascriptin, Bayer, Bufferin, Darvon, Ecotrin, Excedrin, Fiorinal, Norgesic, Percodan), warfarin (*e.g.*, Coumadin), ibuprofen (*e.g.*, Motrin, Advil, Nuprin), naprosyn (*e.g.*, Aleve, Anaprox, Naproxen), steroids, or other medications for pain, inflammation, arthritis, and/or colds.

Schedule an appointment with your internist (primary physician) for a preoperative medical clearance. The appointment should be 2 weeks before your LRP. At a minimum, this appointment must generate a letter to Dr. Krongrad from your internist clearing you for surgery and must include the results of a complete physical examination, Chest X-ray, EKG, and lab work: CBC, PT/PTT/INR, complete chemistry panel, and urinalysis. In many instances, you will also need to have an exercise stress test with a cardiologist – call us if you are not sure. The medical clearance and test results cannot be more than 2 weeks old at the time of your LRP; they must be in our office no later than 1 week before surgery.

We will arrange for the transfer of your biopsy slides to our pathologist.

If you need to pay us please arrange payment for LRP.

#### Starting one week before surgery:

- no alcohol, caffeine, or tobacco
- no Coumadin, aspirin, or products containing aspirin
- no ibuprofen, naprosyn, and arthritis and/or pain medication
- get plenty of rest

### Starting two days before surgery:

drink plenty of liquids

#### The day before surgery:

- no solid food
- drink plenty of clear liquids, e.g., water, soda, juice
- take your medications, except any listed above, with clear liquids
- at 10:00AM, take 8.3oz MiraLAX bottle mix it with 64 oz. of Gatorade. Shake the solution until the MiraLAX is dissolved. Drink 8 oz. every 15-30 minutes until the entire solution is gone. Continue to drink clear liquids until bedtime. If you become nauseated during the ingestion of the MiraLAX prep, stop the prep for 45 minutes then resume.
- take a shower and go to sleep early
- No eating or drinking after midnight

#### The morning of surgery:

- take your medications, except any listed above, with sips of water
- no eating or drinking
- brush your teeth
- report to the hospital at the assigned time

I understand and accept the steps outlined above: \_\_\_\_\_\_\_ date