

**SportsMedicine Partners, Orthopedics & Rehabilitation Therapy, P.C.**  
860-644-5900

Our surgical coordinator will arrange a series of appointments related to your surgery:

- **Surgery Date:** \_\_\_\_\_
- **Hospital:** \_\_\_\_\_.
- **Primary Care Physician:** \_\_\_\_\_.
- **Permit/Consent for surgery:** \_\_\_\_\_  
(You will meet with your doctor to review the surgery at this visit and sign a written consent form.)
- **Pre-Operative History and Physical:** \_\_\_\_\_  
(This appointment should be scheduled with your primary care physician as outlined above.)
- **First Post-Operative Appointment:** \_\_\_\_\_  
(Generally seven to ten days following surgery unless otherwise instructed.)
- **Second Post-Operative Appointment:** \_\_\_\_\_  
(Will be scheduled at the time of your first post-operative visit.)

\*\*\* The hospital will call you the day prior to your procedure with instructions and the time to report for your procedure.