

**GRANT E. GARRIGUES, M.D.**  
SHOULDER AND ELBOW SPECIALIST

MIDWEST  
ORTHOPAEDICS  
at RUSH      
SPORTS MEDICINE & SHOULDER

# SURGICAL BOOKING PACKET



Dear Patient,

Thank you for entrusting me and my team with your care. It is our promise to treat each patient like a family member.

We look forward to serving you through every step of your journey back to optimal health!

Sincerely,



**Connect with us!** Instagram: @Grant.Garrigues  
Facebook: GrantGarriguesMD  
Twitter: @Grant\_Garrigues  
Youtube/Facebook: Grant Garrigues MD

**Website:** [DrGshoulder.com](http://DrGshoulder.com)

**Questions?** Phone: 312-432-2880  
email: [garriguespractice@rushortho.com](mailto:garriguespractice@rushortho.com)

## Important Dates & Information

### **Surgery Details:**

*\*\*you will be called the day before your surgery with exact time*

Date: \_\_\_\_\_ Surgery Location: \_\_\_\_\_

Procedure: \_\_\_\_\_

### **Medical Clearance Appointment:**

*\*\*must be 10-30 days from surgery date*

Date & Time: \_\_\_\_\_

*\*\*patient responsibility to schedule; see attached for contact information*

Location:  Rush University Medical Center Preop Clinic  Rush Oak Brook Internal Medicine

Other: \_\_\_\_\_

\_\_\_\_\_

### **COVID-19 Testing Appointment:**

*\*\*72 hrs before surgery*

### **MRSA Appointment:**

*\*\*Elmhurst Hospital ONLY; hospital will call you*

Date & Time: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

### **Post-Operative Appointment:**

*\*\*within 14 days after surgery*

Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_

### **Website for Procedure FAQ Packets:**

Go to: [DrGshoulder.com](http://DrGshoulder.com) → Surgery Information → Procedure FAQ's

- Anatomic Total Shoulder Replacement  Shoulder/Elbow Surgery  
 Arthroscopic Rotator Cuff Repair  
 Reverse Total Shoulder Replacement

### **Website for Physical Therapy Protocols:**

*\*\*note: therapy protocol may be changed based on intraoperative findings*

Go to: [DrGshoulder.com](http://DrGshoulder.com) → Surgery Information → Physical Therapy Protocols

- |   |   |
|---|---|
| <input type="checkbox"/> Anterior Labral Repair                     | <input type="checkbox"/> Remplissage                              |
| <input type="checkbox"/> Anatomic Total Shoulder Replacement        | <input type="checkbox"/> Reverse Total Shoulder Replacement       |
| <input type="checkbox"/> Arthroscopic Latarjet                      | <input type="checkbox"/> Rotator Cuff Repair                      |
| <input type="checkbox"/> Biceps Tenodesis                           | <input type="checkbox"/> SLAP Repair                              |
| <input type="checkbox"/> Distal Biceps Repair                       | <input type="checkbox"/> Ulnar Collateral Ligament Reconstruction |
| <input type="checkbox"/> Posterior Labral Repair/Capsular Plication | <input type="checkbox"/> TBD base on intraoperative findings      |
| <input type="checkbox"/> Proximal Humerus ORIF                      |   |

## Surgical Planning Contact Information

### Medical Clearance Locations

*\*\*you must use 1 of these 2 locations for clearance*

Rush Center for Preoperative Care  
1725 W. Harrison Street, Suite 155  
Chicago, IL 60612  
p: 312-942-4300

Rush Oak Brook Internal Medicine  
2011 York Road, 2<sup>nd</sup> Floor  
Oak Brook, IL 60523  
p: 630-724-1300, option 1

- What to bring:
  - Insurance card, photo ID, list of current medications
  - Copies of any recent blood work or EKG
  - Specialist clearance letter with associated testing results, if applicable
- If new to Rush University Medical Center, call pre-registration prior to your appointment to register your insurance: 312-942-5460

### COVID-19 Testing Locations (drive-thru)

*\*\*within 72 hours of surgery*

*\*\*All surgical sites EXCEPT Elmhurst*

Rush Oak Brook Outpatient Center  
2011 York Road  
Oak Brook, IL 60523

Rush University Medical Center  
1642 W. Flournoy Street  
Chicago, IL 60612

Rush Oak Park Hospital  
520 Wisconsin Ave  
Oak Park, IL 60304

- You must have an appointment
- General Information:
  - Bring photo ID
  - Do not arrive more than 5 minutes early. Stay in your car with window closed until instructed to open. A nurse will come to your car to complete the test.
  - You MUST self-quarantine after this test until your surgery date.
  - If you develop symptoms, you should call your physician or go to the Emergency Department

### MRSA Testing

*\*\*Elmhurst Hospital ONLY*

- If you are having surgery at Elmhurst Hospital, the hospital will contact you a few days before surgery to schedule
- Elmhurst Hospital will also call you to schedule your COVID-19 test



**Grant Garrigues, MD**  
 1611 W. Harrison St., Suite 400  
 Chicago, IL 60612  
 P: 312.432.2880 F: 708.409.5179

**Medical Clearance Pre-Operative Orders**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

**R<sub>x</sub>**

- History & physical with clearance letter
- EKG
- Chest XR
- CBC
- CMP
- UA with reflex to culture (required by surgeon)
- Type & Screen
- HbA1c (if diabetic)
- CRP
- ESR
- D-dimer
- MRSA PCR screen

Anesthesia consult

Dx: Preop testing

\_\_\_\_\_  
 Grant Garrigues, M.D.

**Fax results to: 708-409-5179** no later than 7 days from surgery

### Cardiac Clearance Request

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Dear Doctor,

The above patient is scheduled for surgery with our office.

We kindly ask that you provide cardiac clearance including:

- **Cardiac history**
- **Statement of clearance** including signature with date and time.
- **Anticoagulation recommendations**—Note that even ASA 81 mg can lead to increased intraoperative and postoperative bleeding. Thus, we prefer no anticoagulation during surgery unless there is a cardiac contraindication. Please provide recommendations regarding *when to stop anticoagulants* before surgery, any *bridging requirements*, & *when to resume prescribed anticoagulation medication postoperatively*.

Patient will have routine pre-operative medical clearance with an internist including: H&P, CBC, CMP, UA and EKG

Should the patient require any additional testing, please complete and include with your note.

We appreciate your willingness to participate in the care of this patient.

Sincerely,




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Grant Garrigues, M.D.

**Fax results to: 708-409-5179** no later than 7 days from surgery

## **Important Contact Information**

### **Administrative Assistant**

Melissa Robertson

\*\*surgical scheduling, appointments, insurance questions, FMLA

p: 312-432-2880      f: 708-409-5179

email: [garriguespractice@rushortho.com](mailto:garriguespractice@rushortho.com)

[melissa.robertson@rushortho.com](mailto:melissa.robertson@rushortho.com)

### **Physician Assistants**

Morgan Holt, PA-C

Katie Cardinal, PA-C

\*\*all clinical questions

### **Main Office Location:**

1611 W. Harrison St., Suite 300

Chicago, IL 60612

### **Clinic Days & Locations** (hours may vary)

Tuesday @ RUMC

Wednesday @ Oak Brook OR Naperville

Friday @ Oak Brook

### **RUMC Clinic**

1611 W. Harrison St., 4<sup>th</sup> floor

Yellow section

### **Oak Brook Clinic**

2011 York Road

Oak Brook, IL 60523

### **Naperville Clinic**

55 Shuman Blvd, Suite 700

Naperville, IL 60563

## **WEBSITE**

**DrGShoulder.com**

Our website has a plethora of information regarding hospital locations, parking details, what to expect the day of surgery, educational materials, additional copies of handouts, FMLA/disability details...just to name a few!

Please refer to this frequently throughout the pre-op and post-surgical process.