

Patient Understanding Agreement

Dr. Yanke and staff,

I have read the entire surgical binder as it pertains to my surgery and have had all pertinent questions answered by Dr. Yanke or his staff. I do not have a history of blood clots or if I do I have discussed this with Dr. Yanke or his staff and have determined a treatment plan. I have also read the following sections:

- Important Contact Information
 - Contact Information
 - Directions to the Hospital
- Medical Equipment
 - Durable Medical Equipment
- Preparing for Surgery
 - Medical Clearance
 - Anesthesia Questions
 - Important Medical Information
 - Preparing for Surgery
 - Surgical Time Information
- Outpatient Physical Therapy
- Surgical Protocol Specific to your Operation

Please fax all signed forms to (708) 409-5179 or mail to our office at the following address:
Attn: Michele Redfield
1611 W Harrison St. Suite 300
Chicago, IL 60612

Patient Name (Printed) _____ Date _____

Patient Signature _____