



ADVANCED CENTER  
FOR SURGERY

**Surgeon Post-Operative Orders**  
**Hand/Wrist/Elbow**  
**Dr. Lincoski**

Patient ID: \_\_\_\_\_

- D/C IV
- Regular Diet
- Elevate affected Hand/Wrist
- Sling    Right    Left
- Ice Packs/EZ Wrap
- Hand Surgery Instruction Sheet
- Other Written Discharge Instructions
- Make sure patient has follow-up appointment
  - Week \_\_\_\_\_
  - \_\_\_\_\_
  - Prescription(s) given to patient pre-op
- Discharge from Outpatient Surgery when criteria was met
- Resume home medications
- Resume anticoagulant on : \_\_\_\_\_
- Other: \_\_\_\_\_

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

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