

## My Core Team Contacts

The date my surgery is scheduled for is \_\_\_\_\_

Target date for removal of my external fixator \_\_\_\_\_

### **Orthopaedic surgeon**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Emergency/After hours \_\_\_\_\_

### **Clinic nurse**

Telephone number \_\_\_\_\_

### **My partner**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

### **Physical therapist**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Emergency/After hours \_\_\_\_\_

### **Home care discharge planner**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

### **Insurance carrier**

Name \_\_\_\_\_

Group number \_\_\_\_\_

Names of contacts at insurance \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_