

PR 2807122









ORTOPEDIESE CHIRURG / ORTHOPAEDIC SURGEON

**LIFE EUGENE MARAIS HOSPITAL**MEDICAL VILLAGE
SUITE 3 5de LAAN 683 LES MARAIS 0084

DR. SA PEACH

LIFE FAERIE GLEN HOSPITAL CNR. ATTERBURY & OBERON AVENUE FAERIE GLEN 0043

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TEL: (012) 335 9514 /21/36(Eugene Marais) FAX: (012) 335 1856 / 9591 (Eugene Marais) TEL: (012) 348 4601 (Faerie Glen) Email: andrepeach@lantic.net

**DATE** 

PATIENT DISCHARGE FORM — SHOULDER ARTHROSCOPY / DECOMPRESSION / BICEPS TENODESIS  PATIENT:			
			ets to book an appointment 1 week after n be contacted for the treatment protocol.
Wounds: No stitches, leave we the Rooms. Shower only.	ounds closed 10 – 14 days. F	Remove dressing if wound is dry, lea	ave open. If any wound discharge contact
Date discharged:	PI	hysician satisfied: ☐ Yes	□ No □ Did not see physician
ii Biceps tenodesis / te iii Very low risk for infe iv With AC joint remov	enotomy can cause prominer ection. val a painful bone spur might ury to nerves of shoulder mu	develop. iscles. E (012) 335 9514, TO MAKE AN APPO	
PRESCRIBED MEDICATION	L WEEKO	TOWERRO TO	WEERO LOWERO
MEDICATION	DOSAGE	FREQUENCY	QUANTITY
NB!! IF you run	out of MEDICATION, PLEASE CA	LL THE Rooms IN WORKING HOURS FO	DR A REPEAT PRESCRIPTION

**PATIENT**