

## PRE-OPERATIVE MEDICAL/CARDIAC CLEARANCE

Dear Doctor,
Your patient has been scheduled for surgery at the center identified above. The patient's surgeon /Anesthesiologist have requested a medical and/or cardiac clearance from you to be returned via fax to: (248) 423-5125 as soon as possible prior to the proposed surgical date. If you have any questions regarding this request or if you wish to speak with an Anesthesiologist, you can do so at (248) 423-5117.
Thank you for your assistance,
Pre-Anesthesia Surgical Screening
Patient Name:
Date of Surgery: Surgeon:
Surgical Procedure:
Please be aware the patient will need to hold the following medications for the identified period of time. If you have any concerns regarding the management of these medications, please contact the Pre-Anesthesia Surgical Screening Department at the number above.
□ Plavix - 7 days □ Aspirin - 7 days □ Coumadin - 5 days □ Lovenox - 24 hours
□ Other:
✓ Indicates labs or diagnostics needed before surgery can be scheduled:
The hospital will accept lab reports (obtained within 30 days) or diagnostics (obtained in the last 6 months).
□ CBC □ Electrolytes □ BUN/CR □ PT/PTT/INR □ Blood Glucose □ UA /C&S
☐ EKG ☐ Chest X-Ray ☐ Stress Test ☐ Pacemaker interrogation ☐ Echocardiogram
Please provide the following:
<ul> <li>The patient is medically cleared for surgery   YES   NO  LETTER</li> <li>The patient is cardiac cleared for surgery  YES   NO  LETTER</li> <li>Please list any co-morbidities the patient is actively being treated for:</li> </ul>
Physician Name: Physician Signature:
Date: