



## 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:

- The patient is medically cleared for surgery    YES    NO    LETTER
- The patient is cardiac cleared for surgery    YES    NO    LETTER
- Please list any co-morbidities the patient is actively being treated for:

\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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