

PRE-OPERATIVE MEDICAL/CARDIAC CLEARANCE

Patient Name: _____

Date of Birth: _____

This patient is scheduled for Surgery with Apex Orthopaedics, Spine & Neurology. Please fax the completed form to 704-208-4159 or email to NewPatients@ApexOSN.com with any relevant supporting documents and results to as soon as possible. Your assistance is greatly appreciated.

ANESTHESIA: GENERAL ANESTHESIA

Please fill out the Remaining Fields:

1. Significant Past Medical History/Medical Results:
2. Hemoglobin A1C% & Pertinent Diabetes Info (If Applicable), must be HbA1C% <7.5% for surgery:
3. List of prior surgeries:
4. Current medications with doses:
5. Drug/Food Allergies:
6. BP _____ Pulse _____ Pertinent Physical Exam Findings:

Perioperative Recommendations:

IS THIS PATIENT CLEARED (LOW RISK) FOR SURGERY? YES NO

If no box is checked, patient will be unable to proceed with surgery.

If the patient is on chronic anticoagulation (Coumadin, Plavix, Xarelto, Aspirin, etc), please assess if he/she can temporarily stop the anticoagulant to have surgery.

PLEASE PROVIDE WRITTEN INSTRUCTIONS HERE OF WHEN/HOW PLEASE PROVIDE WRITTEN INSTRUCTION HERE OF WHEN/HOW THE PATIENT SHOULD STOP THE ANTICOAGULANT AND INSTRUCTIONS FOR BRIDGING TO LOVENOX/ETC. AND PRESCRIPTION FOR LOVE NOX/ETC. IF NEEDED.

****PLEASE ATTACH EKG & PT/INR, PTT, CBC, CMP or BMP, Hemoglobin A1C% RESULTS (within 30 days).**

Clinician Signature: _____ Date: _____

Print name: _____ Phone: _____ Fax: _____

PLEASE FAX COMPLETED FORM TO 704-208-4159 or EMAIL to NewPatients@ApexOSN.com