



**Patient of Nicholas Frisch, MD | MBA Surgical Clearance Form:**

**PHYSICIAN USE ONLY:**

Patient:

Date of Birth:

Scheduled Procedure:

Date of Surgery:

Requested Physician:

**PLEASE PROVIDE AVAILABLE COMMENTS AND/OR RECOMMENDATIONS**

History of Rheumatoid Arthritis?

Yes

No

Past Medical History: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Is the patient on Coumadin or any type of blood thinner?

Yes

No

If yes, was the patient advised of preoperative instructions?

Yes

No

Patient may be off anticoagulants \_\_\_\_\_ days prior to surgery

Yes

No

Patient may be off ASA \_\_\_\_\_ days prior to surgery

Yes

No

Please indicate instructions given if any:

\_\_\_\_\_

\_\_\_\_\_

Vitals: Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Carotids: \_\_\_\_\_

**\*Please fax this form back with all test results and recent EKG (6 months or less from surgery date).**

If medical consult is necessary, would you be able to see the patient in the hospital?  Yes  No

**Patient is cleared medically for surgery listed above:**

Physicians Signature

Date

Requested physician's office number & fax number:

**ONCE COMPLETE PHYSICIAN WILL PLEASE FAX TO 248-650-4596**