FRISCHORTHO
HIP & KNEE SPECIALIST

Patient of Nicholas Frisch, MD | MBA - Surgical Clearance Form

Patient Name: _____ **Date of Birth:** _____

Procedure & Date of Surgery: _____

Doctor & Speciality: _____

PLEASE PROVIDE MEDICAL HISTORY AND RECOMMENDATIONS BELOW:

History of Rheumatoid Arthritis? ☐ No ☐ Yes

Past Medical History: _____

Medications: _____

Allergies: _____

Is the patient on any type of blood thinner? ☐ No ☐ Yes

☐ Aspirin (Dose: _____) ☐ Xarelto/Rivaroxaban (Dose: _____) ☐ Plavix/Clopidogrel (Dose: _____)
☐ Lovenox/Heparin (Dose: _____) ☐ Coumadin/Warfarin (Dose: _____)

Patient may stop anticoagulant ___ days prior to surgery.
If yes, was the patient advised of pre-operative instructions? ☐ No ☐ Yes

Please indicate instructions given if any: _____

Vitals: Heart: _____ Lungs: _____ Abdomen: _____

Patient is cleared medically for surgery listed above:

_____ _____
Physician Signature **Date**

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

Once this form has been completed and signed, please fax this form,
Any & all test results, office notes, and a recent EKG (6 months old or less)

ONCE COMPLETE, PLEASE FAX TO 844-464-7136

If you have any questions regarding the information above, please contact us directly
Rachael Anderlie – 248.484.2127