



PRE-OPERATIVE MEDICAL/CARDIAC CLEARANCE

Patient Name: _____

Date of Birth: _____

This patient is scheduled for Surgery with Georgia Spine and Orthopaedics. Please fax the completed form to 770-338-9103 or email to CLINICAL@GASPINEORTHO.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 770-338-9103 OR EMAIL TO CLINICAL@GASPINEORTHO.COM
Office Phone Number: 404-596-5670 x 555**

1100 Lake Hearn Drive
Ste 360
Atlanta, GA 30342

175 Country Club Drive
Ste 100EF
Stockbridge, GA 30281

11650 Alpharetta Hwy
Ste 100
Roswell, GA 30076

1350 Montreal Rd E
Ste 290
Tucker, GA 30084

1345 13th St
Ste Q
Columbus, GA 31901

50 Plaza Way Suite C
Marietta, GA 30060