

# UT Southwestern Frisco Orthopaedic Surgery

12500 Dallas Parkway, Frisco, TX 75033

Phone: 469-604-9070 Fax: 469-604-9071

## Cardiac Clearance Request

\*\*\*Please complete form and fax back to 469-604-9071 as your response is time sensitive\*\*\*

\_\_\_ Standard Request (10 Business Days)

\_\_\_ Urgent Request (STAT)

Patient Sticker

To: \_\_\_\_\_

From: \_\_\_\_\_

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

Pre-Procedure Requirements: \_\_\_ The patient will need to undergo General Anesthesia and hold all blood thinners 7 days prior to surgery if applicable. \_\_\_\_\_

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### \*\*\*Please Initial Clearance Below\*\*\*

\_\_\_ Patient is a low risk for surgery from a Cardiac standpoint and there are no restrictions identified. The patient **IS** clear to proceed as scheduled.

\_\_\_ Further testing is necessary to gauge the patient's risk for an invasive procedure as the patient is at prohibitive risk from a Cardiac standpoint. The patient is **NOT** yet released for the procedure.

\_\_\_ The patient is at increased risk from a Cardiac standpoint but is cleared for the procedure with the following recommendations:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_ The patient MAY stop the following medications 7 days prior to surgery: \_\_\_\_\_

\_\_\_ The patient MAY NOT stop the following medications for surgery: \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_