

Patient Name: Date of Birth:
Procedure: Surgeon: Michael Swank
Date of Procedure:TBD
To This Patient's Cardiologist of Record:
I have recently evaluated the above mutual patient for their orthopedic condition. It has been determined that the patient needs a The procedure will be performed under spinal/general anesthesia , as an outpatient, at Beacon Orthopedics ASC. We ask that you please fax the patient's last office visit notes, any recent testing (i.e. echocardiogram, EKG, stress test), and this completed form to fax number listed below.
Please be aware that the patient will need to hold the following medications for the identified period. If you have any concerns regarding the management of these medications, please advise us on their use for this patient:
□ Plavix - 7 days □ Aspirin - 7 days □ Warfarin - 5 days □ Lovenox - 24 hours □ Eliquis - 3 days □ Xarelto - 3 days □ Brilinta - 7 days
Does the patient have a pacemaker or ICD? Yes No
if patient is scheduled for Total Joint Arthroplasty and has ICD, patient is not a candidate for surgery at ASC. If patient is scheduled for Sports Medicine surgery they may proceed at ASC
Manufacturer-Model/Serial Number: Implant Location:
Rep Name and Phone Number:
Most Recent Settings: Upper Limit Lower Limit
Should a magnet be used during surgery? Yes No
Is the patient pacemaker dependent? Yes No
Patient may proceed with planned procedure at Beacon Ambulatory Surgery Center , with same day discharge
Patient may proceed with planned procedure in a hospital setting
Delayed cardiac clearance pending test results
Patient is not in satisfactory condition to be cleared for planned procedure
Physician Signature: Date:
Special Instructions:

Please call Heather with questions @ 513-354-3719

Office Fax: # 513-964-9988