



## Pre-Operative Surgery Clearance

[ ] Primary Care [ ] Cardiology [ ] Neurology [ ] Heme/Onc [ ] Nephrology [ ] \_\_\_\_\_

We are requesting a medical evaluation for surgical clearance.  
Evaluation **MUST BE COMPLETED WITHIN 30 DAYS** of the surgery date.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

is scheduled for the following surgical procedure:

\_\_\_\_\_ on \_\_\_\_\_.

Please complete and fax this entire packet, along with the most recent office visit note and any pre-operative testing results, to our office at your earliest convenience. Should this patient require an extensive physical that cannot be completed before the scheduled surgery, or if the patient is NOT cleared for surgery for any reason, please notify our office as soon as possible. I greatly appreciate the opportunity to work with your patients. – Ryan Robertson, MD

P: 804-486-6867

F: 804-968-1816

### This patient is scheduled for surgery at:

**Parham Doctor's Hospital**

- **PCP is responsible for the H&P and *any additional labs* beyond those listed below**
- Providers may order additional testing if deemed necessary
- CBC, Chemistry 10, Coags, Albumin/Transferrin, CRP/ESR, A1c, UA, Type & Screen, MRSA Nasal Screening (and EKG/CXR if indicated), will be performed by the hospital at the patient's pre-admission testing appointment. Labwork that is completed at PAT can be sent to the PCP office at the patient's request.

**OrthoVirginia Outpatient Surgery Center**

- **PCP is responsible for the H&P and *all required labs***
- **REQUIRED LABS:** CBC, Chemistry 10, Coags, Albumin/Transferrin, CRP/ESR, A1c, UA
- Providers may order additional testing if deemed necessary, but at a minimum PCP must complete the required labs in order for the patient to be eligible for surgery
- If UA is positive, this should be treated by the PCP

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**Preop H&P Short Form****Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_**Chief Complaint:** \_\_\_\_\_**Past Medical History:** \_\_\_\_\_**History of Present Illness:** \_\_\_\_\_**Medications/Dosage** (as listed below, or attach current medication list):  anticoagulants/antiplatelets**Allergies:** \_\_\_\_\_**Social History:**

Marital status (circle one) married / divorced / widowed / single

Alcohol use  no  yes/frequency: \_\_\_\_\_Drug use  no  prior  yes; comment: \_\_\_\_\_Tobacco use  no  prior  current/frequency: \_\_\_\_\_

Other/comment: \_\_\_\_\_

**Family History:** non contributory \_\_\_\_\_**Review of Systems:**  12 system review unremarkable unless otherwise noted**Exam:**HEENT:  NormalCardiac:  NormalPulmonary:  NormalAbdominal:  NormalExtremities:  NormalNeurological:  Normal**Notes:****Impression & Plan:** \_\_\_\_\_ Patient **is** medically cleared for surgery

Specific Recommendations: \_\_\_\_\_

 Patient is **NOT** medically cleared for surgery

Concerns: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Provider)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Printed name of Provider)