WINSTON BONE & JOINT
SURGICAL ASSOCIATES
3817 Forrestgate Drive Winston Salem, NC

Kenneth G. Tomberlin, MD
Thomas C. Spangler, MD
Phone: 336.765.9314
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Pre-Operative Medical Clearance

We are writing to request surgical clearance from a medical standpoint. Please let us know if there are any contraindications or any recommendations for the patient prior to surgery, during the procedure or post operatively**. Please complete form and return by fax to 336-765-9313. Attention: Surgery Scheduler**

Procedure: _____

Surgery Date is to be determined pending clearance.

Thank you in advance for your cooperation in caring for our mutual patient.
Sincerely,
Thomas C. Spangler, MD

Patient Name: _____ DOB: _____

Primary MD: _____ Date of exam: _____

I have performed a medical evaluation and reviewed medications of the above patient.

_____ Patient is cleared for surgery from a medical standpoint.

_____ Patient is cleared for surgery, but I recommend caution because _____

_____

_____ I recommend surgery not be done due to _____

_____

_____
Signature

_____
Print Name of PCP

*****PLEASE ADVISE BELOW IF PATIENT IS TAKING BLOODTHINNERS*****

Patient may discontinue_____ for _____ days prior to surgery.
If Bridging is required, please indicate and provide instructions:_____
_____