



**WINSTON
BONE & JOINT**
SURGICAL ASSOCIATES

Kenneth G. Tomberlin, MD
Thomas C. Spangler, MD
Phone: 336.765.9314
Fax: 336.765.9313
www.wbjsurgical.com

3817 Forrestdge Drive Winston Salem, NC 27103

Pre-operative Cardiac Clearance

We are writing to request surgical clearance from a cardiac 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.**

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: _____

Cardiologist: _____ Date of exam: _____

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

_____ Patient is cleared for surgery from a cardiac standpoint.

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

_____ I recommend surgery be postponed until _____

_____ I recommend surgery not be done due to _____

Signature

*****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: _____