



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 Orthopaedics 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**

May patient take Celebrex post op for 4 weeks with medication marked above? YES NO

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.**

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**

____ 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
****I don’t have access to Epic so please manually fax****