



Patient Name: _____ Date of Birth: _____

TO PCP: This patient is to be scheduled for surgery, pending the results of the pre-operative testing and exam. We believe this is the safest method of pre-screening prior to surgery. A recent exam of physical, EKG is required if over 50, or with a history of active medical problems (HTN, CAD, Diabetes, etc). Lab work may also be needed.

PLEASE FAX A SIGNED NOTE CLEARING THE PATIENT FOR SURGERY along with the lab results, CXR report (if applicable), and EKG tracings that may have been obtained for you to make your decision. If we do not have the information TWO WEEKS prior to surgery, the patient's surgery will have to be rescheduled.

The following checked items are requested:

EKG CXR CBC CMP

HGB A1C - (A1C must be < 7.0 to proceed with elective surgery)

Letter of clearance from PCP

Letter of cardiology clearance

No Pre-op clearance testing is required

Please FAX to: 855-661-0505, Attention Michelle or via email to surgery@AZISKS.com. We are grateful for your assistance.