



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\*\***