



**Patient of Nicholas Frisch, MD MBA - Surgical Clearance Form**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Procedure: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

**PLEASE PROVIDE MEDICAL HISTORY AND RECOMMENDATIONS BELOW:**

History of Rheumatoid Arthritis? ☐ No ☐ Yes

Past Medical History: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is the patient on any type of blood thinner? ☐ No ☐ Yes

☐ Aspirin (Dose: \_\_\_\_\_) ☐ Xarelto/Rivaroxaban (Dose: \_\_\_\_\_) ☐ Plavix/Clopidogrel (Dose: \_\_\_\_\_)

☐ Lovenox/Heparin (Dose: \_\_\_\_\_) ☐ Coumadin/Warfarin (Dose: \_\_\_\_\_)

Patient may stop anticoagulant \_\_\_\_ days prior to surgery.

If yes, was the patient advised of pre-operative instructions? ☐ No ☐ Yes

Please indicate instructions given if any: \_\_\_\_\_  
\_\_\_\_\_

Vitals: Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_

***Patient is cleared medically for surgery listed above:***

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

If a medical consultation is necessary, would you be able to see the patient in the hospital? ☐ No ☐ Yes

**Please fax this form back with all test results, office notes and recent EKG (6 months old or less)**

**\*ONCE COMPLETE, PLEASE FAX TO 248-484-2127\***

If you have any questions regarding the information above, please contact us directly  
**Rachael Anderlie – 248.484.2127**