



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