



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

*\*Please have your physician fill this clearance form out and fax to our office\**

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

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

Requested Physician for Clearance:

**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 be off 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 medical consult is necessary, would you be able to see the patient in the hospital?  No  Yes

**Please fax this form back with all test results and recent EKG (6 months or less from surgery date)**

**\*ONCE COMPLETE, PLEASE FAX TO 248-650-4596\***

If you have any questions regarding the information above, please contact us directly  
**Stephanie Orr – 248.609.9145**