
Delay in return of this form may prompt cancellation of procedure

Name: _____

Date of Birth: _____

GRAND VIEW HEALTH
700 Lawn Avenue
Sellersville, PA 18960

Date of Surgery: _____

SURGICAL RISK STRATIFICATION

Planned Surgery: _____

Anesthesia type: _____

Surgeon: _____

Please specifically address any abnormal values or results from PAT testing.

- CBC BMP/CMP PT/PTT UA C&S
- EKG CXR MAKO ECHO Stress Other _____

Notes: _____

ANTICOAGULATION RECOMMENDATIONS

- Apixaban (Eliquis) - stop 3 days prior to surgery
- Warfarin (Coumadin®) - stop 5 days prior to surgery
- Clopidogrel (Plavix®) - stop 7 days prior to surgery
- Prasugrel (Effient®) - stop 7 days prior to surgery
- Ticagrelor (Brilinta™) - stop 7 days prior to surgery
- Rivaroxaban (Xarelto®) - stop 3 days prior to surgery
- Aspirin and Dipyridamole (Aggrenox®) - stop 7 days prior to surgery
- Enoxaparin (Lovenox®) - orders given to patient
- Dabigatran Etexilate (Pradaxa®) - stop 3 days prior to surgery
- Consult endocrine for orders:
 - For insulin pump
 - No bolus AM of procedure
 - Maintain basal rate
 - Do not remove drug computing sensor/ pump should be left on patient

PLEASE ATTACH MOST RECENT OFFICE VISIT NOTE OR EMR LETTER AND ANY EKGS OR TESTING.

Risk Level (Select One):

- Patient is at low risk (0 above risk factors) May proceed to OR.
- Patient is at elevated risk and **requires no additional interventions** due to nature of procedure. May proceed to OR.
- Patient is at elevated risk and requires the following (studies/interventions/consults) _____
- Patient is medically optimized for procedure once clearances have been received.**

PHYSICIAN NAME (Print)

Date

Time

PHYSICIAN SIGNATURE

