



Cardiac Clearance Form for Surgery/ Anesthesia

Dear Dr. _____

Re: Our mutual patient: _____

DOB: _____

The patient is scheduled for Surgery/ Anesthesia on _____ 20__

He is going to have a _____, requiring a ☐ Monitored Anesthesia Care or ☐ General Anesthetic.

Patient will be

☐ Low risk

☐ Low to moderate risk

☐ Moderate risk for

☐ Moderate to high risk

☐ High risk

☐ Low risk procedure

☐ Low to moderate risk procedure

☐ Moderate risk procedure

☐ Moderate to high risk procedure

☐ High risk procedure

Please proceed to the Surgery/ Anesthesia with the above risk.

- Patient ☐ may ☐ may not stop Plavix/ Brilinta/ Effient for __ days before the procedure and restart it __ days after the procedure.
- Patient ☐ may ☐ may not stop Aspirin for __ days before the procedure and restart it __ days after the procedure.
- Patient ☐ may ☐ may not stop Coumadin/ Eliquis/ Xarelto/ Pradaxa __ day before procedure and restart it __ days after the procedure.

Dr Kamel Sadat, RPVI

Signature

Date: 20__

Please call Premier Cardiovascular Institute @ (773) 352-8881 for any questions



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