

MEDICAL CLEARANCE:

Pre-Operative Risk Stratification and Medical Optimization

PATIENT NAME: _____ DOB: _____

Dear Colleague,

Our mutual patient, named above, is considering elective surgery, to include the following procedures:

_____ under general anesthesia, estimated _____ hours operative time.

In addition to obtaining general "medical clearance" for surgery, I would specifically ask for the following (if applicable):

- Risk Stratification
- Medical Optimization
- Perioperative Anticoagulation assistance:
 - Aspirin or Plavix: Ideally held for 1 week before and 1 week after surgery
 - Coumadin: Ideally held for 4 days pre-operatively and resumed 2 days postoperatively. If a Lovenox bridge is required, specific recommendations for the patient would be greatly appreciated.
- Other Issues: _____

If you would, please fax my office a copy of your office note documenting your medical evaluation as well as any relevant testing and/or results that you deem relevant or appropriate.

Our fax number is 334-440-3766 (Attention: Dr. Raggio's Nurse).

Should any questions or concerns arise, please do not hesitate to contact me at any time.

Respectfully,

Blake S. Raggio, MD
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