

**OPTIMOTION ORTHOPAEDICS**  
**Dr. Steve V. Nguyen**  
5979 Vineland Rd. Suite 101 Orlando, FL 32819 Phone 407-355-3120 / Fax 407-355-3119

**REQUEST FOR MEDICAL CLEARANCE/MEDICAL CLEARANCE UPDATE**

Dr. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient \_\_\_\_\_ DOB \_\_\_\_\_

This patient has been scheduled for \_\_\_\_\_ **KNEE REPLACEMENT** on \_\_\_\_\_

And required medical clearance prior to surgery by a:

\_\_\_\_\_ PRIMARY CARE DOCTOR \_\_\_\_\_ CARDIOLOGIST \_\_\_\_\_ OTHER SPECIALIST

Please fax the following records to our office **2 weeks prior to your surgery date: 407-355-3119.**

**\*\*\* Failure to do so will result in your surgery being postponed or cancelled. \*\*\***

- The office note for the visit medical clearance was given and discussed, along with any specific directions or concerns the Doctor may have. The office note must clearly indicate that "PATIENT IS CLEARED FOR THE SURGERY" **and signed by the Doctor, not by nurse practitioner or physician assistant.**
- The results of any labs or tests (stress test, nuclear, EKG, Echo, etc.) performed within the last 6 months.
- Pacemaker: if patient has pacemaker, please provide us the information.
- Please review medications and advise patient (if needed) to discontinue anticoagulants and other medications which cause abnormal laboratory (hematological) results. If patient is on any blood thinners, Dr. Nguyen's protocol is to discontinue the medications 7 days prior to the surgery. If another preference is requested, please inform us the recommendation and or required time for discontinuing by checking off the desired time span on the lower part of this page.

**NOTE: The patient is also required to have CBC, CMP, A1C (IF DIABETIC), EKG and OFFICE VISIT NOTES. These tests can be done by the primary doctor providing the medical clearance WITHIN 30 DAYS FROM THE DATE OF SURGERY.**

**Please check** all that apply:

- Medical management will be needed while patient is admitted YES \_\_\_\_\_ NO \_\_\_\_\_
- Would you like to be consulted upon admission? YES \_\_\_\_\_ NO \_\_\_\_\_
- The patient will likely require the use of Lovenox 40MG for 2-4 weeks post-surgery YES \_\_\_\_\_ NO \_\_\_\_\_
- OK to discontinue blood thinner (Coumadin, Lovenox, ETC.) 7 days prior to surgery date YES \_\_\_\_\_ NO \_\_\_\_\_
- If different from the above, discontinue blood thinner medication \_\_\_\_\_ days prior to surgery

**Patient is medically cleared** for surgery: YES \_\_\_\_\_ NO \_\_\_\_\_ **THIS CLEARANCES EXPIRES ON:** \_\_\_\_\_

Doctor Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE fax this result to our office and provide the patient with a copy as soon as results are available.**

**\*If medical clearance expires on or before your surgery date you are REQUIRED to have a medical clearance update (see below)**

**MEDICAL CLEARANCE UPDATE:**

**Patient is STILL medically cleared** for surgery: YES \_\_\_\_\_ NO \_\_\_\_\_ (if no, please perform medical clearance update with required labs CBC, CMP, EKG)

Doctor Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE fax this medical clearance update to Dr. Nguyen's office and provide a copy to the patient of this form, labs, EKG, and OFFICE VISIT NOTES for them to bring to their pre-admission testing appointment.**

**Dr. Nguyen's Fax # 407-355-3119**

**Please complete after \_\_\_\_\_ Must be sent back by \_\_\_\_\_**

## Specialty Clearance Form

Please complete within 1 year from surgery date.

(Please keep in mind your specialist may require a clearance update before surgery.)

Dr. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient \_\_\_\_\_ DOB \_\_\_\_\_

This patient has been scheduled for **KNEE REPLACEMENT** on \_\_\_\_\_

And required medical clearance prior to surgery by a:

\_\_\_\_\_ CARDIOLOGIST \_\_\_\_\_ OTHER SPECIALIST

Please fax the following records to our office **2 weeks prior to your surgery date: 407-355-3119**

**\*\*\* Failure to do so will result in your surgery being postponed or cancelled. \*\*\***

- The office note for the visit medical clearance was given and discussed, along with any specific directions or concerns the Doctor may have. The office note must clearly indicate that "PATIENT IS CLEARED FOR THE SURGERY" **and signed by the Doctor, not by nurse practitioner or physician assistant.**
- EKG results will be accepted within 6 months from date of surgery.
- Pacemaker: if patient has pacemaker, please provide us the information.
- Please review medications and advise patient (if needed) to discontinue anticoagulants and other medications which cause abnormal laboratory (hematological) results.
- If patient is on any blood thinners, Dr. Nguyen's protocol is to discontinue the medications **7 days** prior to the surgery. If another preference is requested, please inform us the recommendation and or required time for discontinuing by checking off the desired time span on the lower part of this page.

**Please check** all that apply:

- Medical management will be needed while patient is admitted YES \_\_\_\_\_ NO \_\_\_\_\_
- Would you like to be consulted upon admission? YES \_\_\_\_\_ NO \_\_\_\_\_
- The patient will likely require the use of Lovenox 40MG for 2-4 weeks post-surgery YES \_\_\_\_\_ NO \_\_\_\_\_
- OK to discontinue blood thinner (Coumadin, Lovenox, ETC.) 7 days prior to surgery date YES \_\_\_\_\_ NO \_\_\_\_\_
- If different from the above, discontinue blood thinner medication \_\_\_\_\_ days prior to surgery

**Patient is medically cleared** for surgery: YES \_\_\_\_\_ NO \_\_\_\_\_ **THIS CLEARANCES EXPIRES ON:** \_\_\_\_\_

Doctor Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE fax this result to our office and provide the patient with a copy as soon as results are available.**

**\*If medical clearance expires on or before your surgery date you are REQUIRED to have a medical clearance update (see below)**

### MEDICAL CLEARANCE UPDATE:

**Patient is STILL medically cleared** for surgery: YES \_\_\_\_\_ NO \_\_\_\_\_ (if no, please perform medical clearance update with required labs CBC, CMP, EKG)

Doctor Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE fax this medical clearance update to Dr. Nguyen's office and provide a copy to the patient of this form, labs, EKG, and OFFICE VISIT NOTES for them to bring to their pre-admission testing appointment.**

**Dr. Nguyen's Fax # 407-355-3119**