

MEDICAL CLEARNACE LETTER

DATE: _____

PATIENT: _____

DOB: _____

DATE OF VISIT: _____

To whom it may concern,

This patient is planning joint replacement surgery with Dr. Matthew Harb. The following tests are recommended for pre-operative screening. We would ask for you to complete the following tests:

- CBC
- PT/INR
- Hgb A1C
- BMP
- 12-lead EKG
- History and Physical Exam
- **Please state clearly in the note that the patient is medically optimized for surgery**

In addition to the above tests, please complete the follow requests if applicable:

- Smoking cessation plan
- Chest x-ray
- Anticoagulation recommendations prior to surgery for patients on chronic anticoagulation therapy including the need for bridge therapy.
- Dental consult for poor dentition / abscess
- Urinalysis with reflex culture if patient is symptomatic
- Any other tests for clearance you deem necessary

For routine anti-coagulation prophylaxis patients will receive Aspiring 81mg BID for a total of 6 weeks prescribed from our office. For patients on long term anticoagulation therapy it would be preferred for the prescribing physician to continue to monitor and regulate their long term anticoagulation regimen.

Thank you for your collaboration in the care of this patient Your assistance in this matter is greatly appreciated. If you have any questions please contact my office at **202-835-2222**. The pre-operative clearance information, note, including the H&P, results of all blood work, EKG, and chest x-ray results can be faxed to **202-969-1798**.

Sincerely,
Matthew Harb, MD

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