

UT Southwestern Medical Center at Richardson/Plano
Sports Medicine Clinic
972-669-7179

Dear Doctor:

Thank you for allowing me to participate in the care of your patient. My goal is to provide your patient with the best, cutting edge, and comprehensive joint care. I have scheduled them for surgery and request your preoperative assessment for medical optimization prior to undergoing anesthesia.

Please evaluate and treat for preoperative optimization and document a risk assessment. We will perform pre-surgical labs within 90 days in most cases (for more complex cases the labs will be drawn within 30 days) of the surgery date at the pre-surgery testing appointment at our office. If you determine the patient needs an EKG or any additional testing prior to your risk stratification, please perform them at your office. We are unable to proceed with the scheduled surgery until we receive the clearance letter from you.

Please fax us any test results, recommendations, and clearance status with this letter to 972-669-7110, Attn: Dr. Wells- clearance for surgery. Also, please do not hesitate to contact me if any other issues may arise.

PATIENT IS CLEARED FOR ORTHOPAEDIC SURGERY: Yes No

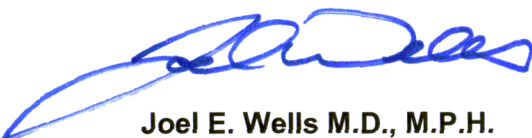
Any recommendations for pre-op/post-op management with regards to medications/anticoagulation:

Physician/PA-C signature _____ Date: _____

Physician Name _____ Phone number: _____

Address _____

Sincerely,



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