

Spine Care Specialists

Orthopaedic Specialists of Northwest Indiana, P.C.

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Telephone (219) 924-3300
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PRE-OPERATIVE CLEARANCE APPROVAL

(Return via Facsimile to: 219-922-5424)

Date: _____

PHYSICIAN: Nitin Khanna, M.D.
 Dwight S. Tyndall, M.D.

RE: _____

This patient is planning to undergo surgery on an outpatient/inpatient basis. We will have the blood work, EKG, and chest x-ray performed at the hospital or surgery center.

ANESTHESIA:	<input type="checkbox"/> GENERAL	<input type="checkbox"/> LOCAL	<input type="checkbox"/> MAC
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DATE OF PROCEDURE:		PROCEDURE:	
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DIAGNOSIS:	
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PRE-OPERATIVE HISTORY EVALUATION

Any special systemic condition that may cause a problem in surgery?	_____ _____
Any medications that should be discontinued or withheld? (<i>Please include dosage</i>)	_____ _____
Routine pre-op blood work will be ordered. Is there any additional lab work that you wish us to order?	_____ _____
Pertinent allergies or sensitivities:	_____ _____

GENERAL CONDITION

CARDIOVASCULAR:	
LUNGS AND THORACIC	
ABDOMEN AND GU:	
BACK AND EXTREMITIES:	

PATIENT IS CLEARED FOR SURGERY? YES NO

PHYSICIAN SIGNATURE: _____

DATE: _____

If you identify any contraindication to surgery, please call me at: (219) 924-3300. Please fax a completed and signed copy of this form prior to surgery to: (219) 922-5424. Thank you.