UT Southwestern Frisco Orthopaedic Surgery

12500 Dallas Parkway, Frisco, TX 75033 Phone: 469-604-9070 Fax: 469-604-9071

Cardiac Clearance Request

Please complete form and fax back to 469-604-9071 as your response is time sensitive

Standard Request (10 Business Days)	Urgent Request (STAT)	
Patient Sticker	To:	
	Procedure Date:	
prior to surgery if	need to undergo General Anesthesia and hold all blood t	
Patient is a low risk for surgery from a Cardio clear to proceed as scheduled Further testing is necessary to gauge the paterion a Cardiac standpoint. The patient is NOT year The patient is at increased risk from a Cardio recommendations:	ease Initial Clearance Below*** ac standpoint and there are no restrictions identified. The tient's risk for an invasive procedure as the patient is at pet released for the procedure. ac standpoint but is cleared for the procedure with the following standpoint but is cleared for the procedure.	rohibitive risk
The patient MAY stop the following medication.		
Physician's Name (Print)	·	
Physician's Signature:	Date:	