

TRI-STATE NEUROSURGICAL ASSOCIATES – UPMC

Matt El-Kadi MD,Phd,FACS

This form is required for our patients with a cardiac history who are undergoing surgery and will be furnished to the anesthesiologist for this patient's chart. **Please note that any exam preformed by CRNA or PA-C must be cosigned by MD or DO.**

PLEASE FAX COMPLETED FORM ALONG WITH ANY CARDIAC TESTING DONE WITHIN THE PAST 5 YEARS AND MOST RECENT EKG TO (724) 720-4596. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE AT (724) 720-4599. THANK YOU.

PREOPERATIVE CARDIAC CLEARANCE

PATIENT NAME: _____ DOB: _____

DATE OF SURGERY: _____ SURGEON: Dr. Matt El-Kadi

DIAGNOSIS: _____

PROCEDURE: _____

CARDIAC DIAGNOSIS &
HISTORY: _____

CURRENT MEDICATIONS: _____

RECOMMENDATIONS: _____

ADDITIONAL COMMENTS: _____

The above named patient is cleared for general anesthesia:

DOCTOR'S SIGNATURE: _____ DATE: _____

PHONE: _____

FAX: _____