



Medical Optimization Request

Date: _____

Dear Dr. _____,

Your patient _____ DOB _____ is scheduled for shoulder surgery. We are requesting a preoperative medical evaluation and consultation to assess the patients' current medical condition(s), to adjust any medications and/or treatments as needed, and to make any recommendations to medically optimize this patient's care in the peri-operative period.

Reason(s): The patients reports history of _____, _____, *Specifically: Diabetes-If patient is insulin dependent, please advise patient of insulin dosages to be taken on the evening before surgery, as well as the morning of surgery. History of CAD, HTN-Please make recommendations regarding utilization of all maintenance cardiac/anti-hypertensive medications, in the peri-operative period. Anticoagulation/anti-platelet therapy-Patients will need to discontinue Coumadin or Pradaxa at least 5 days prior to surgery. Please advise regarding whether the patient will require pre-op bridging with LMWH, including the appropriate dosages.*

Patient is: _____ Cleared for Surgery _____ Not Cleared for Surgery

Patient is: Low Risk _____ Medium Risk* _____ High Risk* _____

Print name: _____ Signature: _____

Date: _____

Please fax consultation information to (775)996-4456. Thank you for your assistance. Please contact my office with any questions or concerns.

Sincerely,

Hilary Malcarney, MD

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Office Phone: (775)436-0000 Office Fax: (775)996-4456