



Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Regarding our mutual patient: \_\_\_\_\_ DOB: \_\_\_\_\_

This patient  **is** or  **will be** scheduled for an endoscopic procedure on \_\_\_\_\_

This procedure will require:  General Anesthesia  Moderate sedation

Length of procedure: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

We are requesting cardiac clearance for (*Circle one*): *PROCEDURE* *ANTICOAGULATION* *BOTH*

1. PROCEDURES: Colonoscopy or Endoscopy (Please check the following)

- The patient is at low risk for surgery from a cardiac standpoint
- The patient is at **increased risk, but not prohibitive** from a cardiac standpoint. To **minimize risk**, we recommend the following:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- The patient is at **prohibitive risk** from a cardiac standpoint for the above procedure.

2. ANTICOAGULATION: Name of drug: \_\_\_\_\_

- The patient  **May**  **May Not** stop Plavix (clopidogrel) 5 days before the procedure
- The patient  **May**  **May Not** stop Coumadin (warfarin) 5 days before the procedure
- The patient  **May**  **May Not** stop \_\_\_\_\_x\_\_\_\_\_ 2 days before the procedure

COMMENTS:

Cardiologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_