



Total Joint Replacement Medical Optimization Form

Daniel Del Gaizo, M.D.

Our mutual patient _____ /____/____ MRN _____
(full name) (DOB)

is currently under my care and has been seen in my office for a preoperative exam.

___ This patient is medically optimized for surgery and requires no further treatment or workup prior to proceeding with surgery. The risk involved with a surgical procedure for this patient is ___ low, ___ moderate, ___ high.

___ This patient is NOT medically optimized and will require the additional evaluations as noted below for the special concerns noted below:

Physician Name (please print): _____

(signature of provider)

(date)

*Please fax supporting documentation including recent clinical notes including physical exam findings, laboratory studies, EKG findings, subspecialist consultation notes, etc. along with this letter to our office at 919-966-6730.

**If you are UNC provider and utilize EPIC, simply send an EPIC message to Dr. Daniel Del Gaizo with information about the patient's optimization status.

Thank you for your assistance!

OFFICE: 919-966-3340 NURSE: 919-966-2878 FAX: 919-966-6730