



## PRIMARY CARE PROVIDER

\*\*\*\*if specialty other than primary care, please indicate\*\*\*\*

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## MEDICAL CLEARANCE FORM

Total Joint Optimization Form

Dr. Chris Olcott      Dr. Arvind Narayanan

Re: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN: \_\_\_\_\_

Our mutual patient noted above is currently under my care and we would like to know if you feel that this patient is optimized for total joint surgery.

\_\_\_ **This patient is medically optimized and cleared 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 is NOT cleared for surgery** and will require the additional evaluations for the special concerns noted below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Name (please print): \_\_\_\_\_

Provider Signature: \_\_\_\_\_ 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 a UNC provider and utilize EPIC, simply send an EPIC message to the Team Pool:  
UNC Orthopaedics Total Joint Team

Thank you for your assistance!

OFFICE: 919-966-3340

FAX: 919-966-6730