



SPECIALTY CLEARANCE FORM: _____

*****please list specialty above*****

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 as noted below 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