UNC HEALTH CARE ORTHOPAEDICS

Total Joint Replacement Medical Optimization Form

Dr. Christopher Olcott
Dr. Daniel Bracey

Our mutual patient _____ ___/__/___ MRN_____
(full name) (DOB)
is currently under my care and we would like to know if you feel that this patient is optimized for 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 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