



## Total Joint Replacement Medical Optimization Form

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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:

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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