Delaware Neurosurgical Group, PA

Kennedy Yalamanchili, MD, FACS

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Pre-Operative Medical/Cardiac/Pulmonary Clearance

PLEASE COMPLETE WITHIN 30 DAYS OF SCHEDULED PROCEDURE AND FAX TO (302) 292-8119

Good Day,

Your patient is scheduled to undergo neurosurgical treatment with Dr. Kennedy Yalamanchili. Please assist us in identifying if this patient is at an acceptable risk to undergo surgery. We are requesting a pre-operative physical examination and EKG within 30 days of the patient's surgery date. Please be advised that we have also ordered blood work and a chest x-ray. We will request copies to be sent to your office. Please return this page along with the H&P Form and EKG via fax to 302-292-8119 as soon as possible. **We also ask that you discuss discontinuation of prescribed medications and over the counter medications that affect the blood clotting process with your patient.** If you have any questions please feel free to contact our office.

We greatly appreciate your assistance in preparing our patient for surgical treatment.

With Kindest Regards,

Kennedy Yalamanchili, MD, FACS and Surgical Team

Patient Name:	
Date of Birth:	
Date of Surgery:	
Surgical Procedure:	_____ _____

Please note the following labs/diagnostics were ordered preoperatively:

✓ CBC ✓ BMP ✓ PT/PTT/INR ✓ UA/C&S ✓ CXR ✓ EKG

Please provide the following:

	Please Check	
The patient is in satisfactory physical condition to proceed with the scheduled surgery.	❑ Yes	❑ No
The patient is not cleared for surgery for the following reasons:		
History and physical examination findings are attached.	❑ Yes	❑ No
The EKG was performed in my office and a copy is attached.	❑ Yes	❑ No
I have reviewed preoperative lab/diagnostic results.	❑ Yes	❑ No

Physician Name: _____ Date of Examination: _____

Physician Signature: _____

PLEASE FAX TO (302) 292-8119

Please have all paperwork with results back to our office at least 5 days prior to surgery. Failure to receive these forms back to our office in a timely manner may result in the surgery being postponed. Thank you for your assistance. We look forward to providing neurosurgical care to your patient. Please contact us with any questions.