

BAROLAT NEUROSCIENCE
Giancarlo Barolat, MD
Paul Battle, PA-C

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FAX: (303) 865-7804

PREOPERATIVE REQUIREMENTS

Patient Name: _____

Surgery: _____

Date and Site of Surgery: _____

ICD9 Code used for surgery: _____

I am requesting a preoperative consultation for medical clearance to establish suitability for the proposed procedure. Please include the following checked items as part of the pre-operative evaluation and clearance.

- History and Physical *within 30 days* of surgery date with a written statement regarding the patients ability to undergo this procedure safely. This must be provided by the doctor and must have “**Medically Cleared for Surgery**” in the statement.
- The following labs *within 14 days* of surgery date.
CBC with Diff, SMA 12, PT/PTT/INR, UA
Other: _____
Other: _____
- EKG with interpretation *within 6 months* of surgery date.
- Chest X-Ray with interpretation *within 6 months* of surgery date.
- Other: _____
- Other: _____

Please fax all results at least two business days prior to surgery to: **303-865-7804**
Attention: **Paul Battle, PA-C**

If you have any additional questions please feel free to contact the office at (303)865-7800. Thank you for your help.