

Medical Clearance Form

SpineCare Delaware

Phone: 302-894-1900

Fax: 302-894-0264

Date:

Dear Doctor \_\_\_\_\_:

Our mutual patient, \_\_\_\_\_ DOB \_\_\_\_\_ is scheduled for an Intracept or MILD procedure that includes IV conscious sedation with Versed and/or Fentanyl and/or other local anesthetics.

- The patient is cleared for the procedure.
- The patient is not cleared for the procedure.

Reason: \_\_\_Please provide a copy of an EKG within 1 year of the scheduled procedure.

Physician performing procedure: Please Circle

Dr. Downing, Dr. Witherell, Dr. Zaslavsky, Dr. Ginsberg, Dr. Newell, Dr. Rowlands, Dr. Kader, Dr. Patel

\* PLEASE FAX COMPLETED CLEARANCE AND EKG TO 302-894-0264

PCP/Cardiologist Signature: \_\_\_\_\_

\*If the patient is on an anticoagulant, please complete the attached clearance stating the name of medication and length of time they are cleared to discontinue.

\*If the patient has a pacemaker/defibrillator, please complete the attached clearance for pacemaker management

Notes:

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Thank you for your attention to this matter.

Sincerely,

Bonnie O'Connor, PAC