

HOUSTON  
**Methodist**  
ORTHOPEDICS &  
SPORTS MEDICINE

Stephen Incavo, M.D.  
6445 Main Street, Suite 2500  
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Phone (713) 441-3569  
Fax (713) 790-2058

Date: \_\_\_\_\_

**Request for pre-operative clearance:**

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient is tentatively scheduled for the following procedure \_\_\_\_\_  
under general anesthesia on \_\_\_\_\_ with Dr. Stephen Incavo at Houston Methodist Hospital.

We **REQUIRE** a pre-operative clearance exam by your primary care physician/cardiologist (if applicable)/or any other specialist (if applicable): Please schedule this appointment within 30 days of your surgery. Your Doctor will need to do the following tests and forward a copy to proceed with surgery:

PT/PTT/INR, CBC, CMP/ /EKG/UA.UA screen if needed

Any additional studies your Doctor may deem necessary for clearance (stress test/Echo/pacemaker interrogation/PFTs)

\*\*\*\*\* Please sign and mark if patient is at \*\*\*\*\*

LOW      MODERATE      HIGH      risk of surgery

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

*Recommendations:*

For any questions or concerns you may contact me at 713-441-3569

Thank you in advanced for your assistance

Sincerely,

Stephen Incavo, MD