



Fax or hand deliver this form, and any applicable documents, to OR at (808) 974-7060

Please complete all information below. Incomplete forms may be declined.

OR or Anesthesia Staff: Place this form and associated documents in the Anesthesia Office **IN BOX**.

Provider's Name:		Provider's Contact:		
Provider's Fax:		Account Number:		
Patient's Name:		DOB:		
Procedure & DX:		Date of Service:		
Specific question/concerns:				
	<input type="checkbox"/> Needs GI/Endoscopy Lab Clearance			
Past Medical History:	Circle all that apply: Ischemic Heart Disease CHF TIA or CVA IDDM Cr>2.0 mg/dl		BMI:	
Other Pertinent Hx	Yes	No	Please answer the following:	If yes, please provide additional information:
			Received Cardiac Clearance?	<i>Cardiologist:</i>
			Uses Blood Thinners?	<i>Name of blood thinner:</i>
			Has a Pacemaker/AICD?	<i>Type of device:</i>
Functional Capacity			History of Difficult Airway?	<i>Type of device:</i>
			Can take care of self (eat, dress, or use toilet on their own)?	
			Can walk up a flight of stairs or walk up a hill?	
			Can do heavy work around the house (scrubbing floors, lifting or moving heavy furniture)?	
		Can participate in strenuous sports (swimming, singles tennis, football, or basketball)?		

Requesting provider, please complete all info (above) prior to sending for review.

Call 932-3271, 932-6323, or 932-6368 if you have any questions about this form.

For Anesthesiologist Only

After reviewing the chart, please do the following:

- Make a note about your review in the patient's chart.
- Contact requesting provider directly if you have any concerns or recommendations.
- Place chart, with this review form, in the Anesthesia Office **OUT BOX**.

GI/Endoscopy Lab Clearance:

- This patient is appropriate for the Outpatient GI/Endoscopy Lab
- Recommend to schedule patient through outpatient OR

Anesthesia/OR Staff: Please fax this form back to the provider once Anesthesia is complete.