PATIENT INSTRUCTIONS - Scheduling a Preoperative Clinic appointment

- Call 312-926-4566 to schedule an appointment with the Preoperative Clinic
- When you call, you will be informed whether you will need an appointment at the clinic OR a phone appointment with a nurse (based on your medical history and the surgery or procedure you will have)
- Please request an appointment date that is 4 to 30 days (ideally more than 7 days) before your surgery or procedure
- The clinic is located at: 259 East Erie Street - 17th floor
- Please bring these 5 items to your appointment:
  - This order form
  - Your current medical insurance card
  - A photo I.D.
  - A complete, up-to-date medication list (or all your medication bottles)
  - Medical records, if available: lab results, ECG tracing, stress test, sleep study or recent note from your primary care doctor or cardiologist
- You do not need to fast on the day of your clinic visit unless your surgeon told you to do so

To be completed by SURGEON

Please evaluate the following patient for risk assessment and optimization for the upcoming procedure.

Patient name: ____________________________
Patient DOB: ________ Patient’s Phone Number: ____________ Date of Procedure: ________________
Diagnosis: ____________________________________________
Planned Procedure(s): ________________________________
Contact Person in Surgeon’s Office: ____________________ Contact’s Phone Number: ______________
Email: _______________________________________________________________________

1. Indicate tests you need specifically as a surgeon - all tests MUST have a supporting ICD-10 code to be ordered. This form MUST be signed by a provider licensed to order tests or the test cannot be completed.

(The Preoperative Clinic will order appropriate tests based on patient’s medical history and planned procedure)

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2. Physician/APN/PA signature: __________________________ Date: __________
   Print Name: ___________________________________________________________________

3. Email (preferred) or fax this completed form to: NMHPreopClinic@nm.org or (312) 926 – 9081.

4. Give the patient a copy of this form to schedule their appointment (Instructions at top of form)