

CARDIAC CLEARANCE REQUEST FORM

Patient name: _____ DOB: _____
Patient has an upcoming colonoscopy/endoscopy- Circle applicable procedure(s)

Patients with EF <30, AICD and/or history of: MI, CABG, STENT placement WITHIN THE LAST 3 MONTHS WILL NOT be accepted for procedures at GIEA.

1. Pacemaker implanted: _____ CIRCLE YES or NO
2. Anticoagulants/anti-platelet agents: (circle)
Aspirin Plavix Coumadin Xarelto Pradaxa Eliquis Other: _____
3. # of days prior to procedure to stop taking: _____
4. # of days post procedure to begin taking again: _____

**THIS PATIENT IS AN ACCEPTABLE RISK FOR
PROCEDURE(S) AT OUTPATIENT ENDOSCOPY CENTER**

Cardiologist Print Name: _____ Signature: _____
Phone Number: _____ Date: _____

For all cardiac patients please forward most recent office visit note, EKG, echocardiogram, stress test and other pertinent test results.

Thank you,
When form is completed please fax it and all requested documents to: