Cardiovascular Institute OF THE SOUTH

PRE-OPERATIVE CARDIAC RISK ASSESSMENT
REQUEST FORM

Date _____ Patient Name _____

Date of Birth _____ Date of Procedure _____

Surgery (No Abbreviations) _____
(Name of Specific Procedure – Please do not abbreviate)

Surgeon/Doctor _____ Diagnosis with ICD 10 code _____

Type of Anesthesia: ◯ General ◯ Local/Regional ◯ MAC ◯ Conscious Sedation

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Requesting staff name _____

Phone number _____ Fax Number _____
*(Please include **area code** on phone and fax numbers)*

CHECK ALL THAT APPLY AND COMPLETE THE BLANKS:

◯ Request for cardiac risk assessment for procedure

◯ Request to hold _____ *(medication)* for _____ days prior to procedure

◯ Pre-procedure antibiotics: Cardiac Status Information

◯ Major dental procedure

◯ Additional records requested: _____

Please fax this document back to **337-524-0250** or **337-524-0254**
ATTN: Virtual Care Center (CIS)

Allow at least 3-5 business days to receive a response from CIS.

According to American College of Cardiology cardiac risk assessment guidelines, low risk surgeries do not need cardiac testing or risk stratification. Patients that are asymptomatic should safely proceed with low risk surgeries with no or low risk for cardiac event. Low risk procedures may include, but are not limited to, dental procedure, minor skin procedures, EGD, colonoscopy or cataracts.

Symptomatic patients should make an appointment with CIS.

CIS will determine the need for pre-procedure antibiotics according to the American Dental Association guidelines based on the patient's cardiac history. Dental providers shall be the prescribing provider of the prophylactic antibiotic if deemed necessary.

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