

PRE-SURGICAL TESTING REQUEST

Dear Colleague,

Your patient, _____, has been evaluated by the SonoSpine Surgical Review Staff. The patient has sent SonoSpine a copy of their most recent SPINE IMAGING which reveals spinal pathology including: _____.

As they have informed us that they have completed a course of conservative care and have not had relief, they have been deemed an appropriate candidate for the SonoSpine procedure and are requesting surgical intervention.

At this time, we are planning to perform a spinal surgical procedure, using **Surgical Ultrasound**. This is done as an outpatient, in an ambulatory surgery center. Therefore, we request an office visit for pre-operative clearance and laboratory tests. Due to the nature of spinal surgery, we request that all anticoagulation be held 7-10 days prior to surgery. We have enclosed our anticoagulation hold and clearance letter in this correspondence. The following is a list of pre-operative laboratory tests and studies that are necessary and need to be on file with us **within 14 days** of scheduled surgery date:

Lab tests required for ALL patients. Testing to be completed within 30 days of scheduled surgery date.

- CBC
- RENAL/BMP
- PT/INR
- PTT
- URINALYSIS W/ REFLEX CULTURE

The following tests are required as indicated:

- 12 LEAD ECG *Medical Indication: HTN, Anti-HTN Medications, CAD, >50 years old (consider if DM > 40 years old), Morbid Obesity, PVD, Chest Pain, Cerebrovascular Disease*
- CXR *Medical Indication: Pneumonia, New onset Pulmonary Signs and Symptoms, ESRD, CHF, Sleep Apnea*
- FOR CARDIAC PATIENTS, PLEASE SEND ANY PRIOR CARDIAC TESTING INCLUDING MOST RECENT ECHO AND/OR STRESS TESTING

Please Fax Results To: (888)274-3766

We appreciate your assistance in obtaining these tests. Should you feel that your patient is NOT a candidate for surgical intervention due to serious co-morbid conditions, or if you have any questions concerning the SonoSpine procedure, please contact our office. One of our certified SonoSpine surgeons or Mid-Level Providers will be happy to review the case with you.

The SonoSpine team thanks you in advance for your time, consideration and valued input in regards to the BEST quality care that we can give to our patients.

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