UPMC LIFE CHANGING MEDICINE

REQUEST FOR SURGERY OPTIMIZATION CLINIC REFERRAL

366 Alexander Spring Road
Suite 2
Carlisle, PA 17015

2501 North 3rd Street
3rd Floor, Landis Building
Harrisburg, PA 17110

Clinic Phone Number: 717-782-4785
Referral Fax Line: 717-703-0145

Date of Referral:_____

Patient Name:_____ **Phone Contact #**_____

DOB:_____

Procedure: _____

Anticipated date/time frame for surgery to be scheduled:_____

Surgery Location: ☐ Community Osteopathic ☐ Harrisburg ☐ West Shore ☐ Carlisle ☐ Lititz ☐ York ☐ Hanover

Referring Surgeon: _____ **Office phone number:** _____

Reasons for Optimization:

- ☐ BMI > 40 or > 35 with two comorbitities
- ☐ A1C is >7 or is >7.5 and patient is >65 with comorbidities
- ☐ Active Nicotine Use
- ☐ COPD with or without O_2
- ☐ Impaired Skin Integrity
- ☐ Frailty
- ☐ Other _____
- ☐ Current Suboxone Use
- ☐ Poor Dentition
- ☐ Numerous Comorbidities
- ☐ Malnutrition
- ☐ Active Substance Abuse
- ☐ Poly Pharmacy

Special Instructions/Surgeon Goals:

_____

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Please include the following information with referral:

- Current office notes including allergies and current medications
- Insurance information *(please include medical, dental and prescription)*
- Patient demographics

UPMC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.