

## Coronary Stent/Mechanical Heart Valve/Atrial Fibrillation with History of Stroke Plan of Care Form

(Form may be used for any other patient as well)

			LOGY/PRESCRIBING PHYSICIA		
Procedure Date (if know	TB	BD Branduna ]	BARIATRIC SU	RGER	Y
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Surgeon:		Anesthesia Type:			
	(Instruction	s: fully complete either state	ment #1 OR Statement #2 and	then <u>sign</u> )	
1) Patient is as prescribed continue medi	throughout the	de from a cardlae standpoin e perioperative period (no d	t and may continue all antipl ardiology evaluation required	latelet and a l, surgeon ins	nticoagulants agents tructs patient to
	Medical/cardi Risk stratifical	ac optimization tion/cardiac clearance	roagulants and anti-platelets (:	see acceptab	le list below)
Acceptable to	continue Peri-	op:Aspirin 81 m All	g Aspirin 325 mg None	Clopidogrel ( Other:	Plavix)
*** By signing Antiplatelet/:	g below, the s anticoagulation	urgeon acknowledges res on management (after car	ponsibility for instructing the diology/prescribing physic	ieir patient ian evaluati	on on if required).
Surgeon signature			Date/time		
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Contact phone number	919-70	94-2040	Fax number	r	704-2001
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