MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.|
CARDIAC RISK ASSESSMENT REQUEST FORM
Phone 334-280-1500 Fax 334-280-1600

Forrest Flemming, MD | Paul Moore, MD | Eric Crum, MD
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In order for us to provide a cardiac risk assessment, we must have a clear understanding of what surgery/procedure is being recommended, the type of anesthesia to be used, the procedure risk, and the surgical bleeding risk. Please complete the form below in its entirety. Once we have received a completed form and your office consultation, we will contact the patient and either arrange an appointment or otherwise assess and calculate the patients RCRI (revised cardiac risk index) and/or thrombotic risk of interrupting any medications you have requested below. Thank you for allowing us to participate in this patient's care. We will fax the risk assessment evaluation to you as soon as completed, so that you can make a decision as to whether or not to proceed.

Patient Name:	
Date of Birth:	**Patient Phone #**
Referring MD: (PLEASE PRINT)	
Referring MD Phone #	**Referring MD Fax #**
Does this patient's insurance require a referral? YES ☐ NO ☐	
Fax this completed form to 334-280-1600 and include: Demographics, referral and most recent office visit of MD requesting CRA.	

To be completed by the requesting MD:

Specifically, what surgery/procedure is patient having? _____ Type of anesthesia? _____

Is this procedure/surgery emergent? ☐ Urgent? ☐ Time-sensitive (semi-urgent)? ☐ Elective? ☐ For screening? ☐

Is this surgery a low risk surgery? ☐ A moderate risk surgery? ☐ A high risk surgery? ☐

Is this surgery associated with a low risk of bleeding? ☐ A moderate risk for bleeding? ☐ A high risk of bleeding? ☐

Where is the surgery/procedure taking place? _____

What is the Fax # of that facility's anesthesia department? _____

We will send a copy of our risk assessment evaluation to this facility as well as your office.

Based on your professional guidelines and this patient, are you requesting any of the following medications be held prior to this surgery? Yes ☐ No ☐ If yes, mark which ones and for how long?

○ Coumadin/Warfarin	Days prior?	○ Eliquis (Apixaban)	Days prior?
○ Aspirin	Days prior?	○ Xarelto (Rivaroxaban)	Days prior?
○ Plavix (Clopidogrel)	Days prior?	○ Pradaxa (Dabigatran)	Days prior?
○ Effient (Prasugrel)	Days prior?	○ Bevyxxa (Edoxaban)	Days prior?
○ Brilinta (Ticagrelor)	Days prior?	OTHER:	Days prior?

Referring MD Signature: