



**SXM SYMPTOM MEDICINE**  
*Pain Medicine, Palliative Care, Anesthesia*

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**ANTI-COAGULATION & CARDIAC RISK FACTORS FORM**

Dear Dr.

**Your patient is to undergo the procedure noted below. Please, complete this form and provide recommendations stop and start times parameters for anti-coagulation medications and cardiac risk factors for surgery and anesthesia. . Thank You!**

Name:	DOB	Age	Male/Female	
Planned Procedure	Indications/complaint		Date Planned TBC	

PMH
Does this patient have cardiac stents, pace maker? If yes what type is it?
Radiographic and laboratory studies

Please indicate your recommendations. To have a procedure, the patient must stop taking any anti-platelet medications or medications that can interfere with clotting abilities. These types of medications need to be discontinued 5 to 14 days and sometimes longer. They usually can be restarted 12 to 24 hours after a procedure is done. See attached clinic "Patient Anti-coagulation Therapy Policy & Education.

Anti-Coagulation or Anti-Platelet	Reason for Medication	Recommended Stop Date	Recommended Re-start Date
ASA			
NSAIDS			
Plavix			
Coumadin			
Heparin			
Lovenox			
Herbals ( garlic, ginkgo, ginger, feverfew, ginseng, etc)			
Other			

Rank your patient's cardiac risk factors for surgery and anesthesia.
Note any Recommended studies, labs specialist before the procedure

Signature	Name	Date
For Office Received	Ins Confirmed	Appt Date
PCP/ref letter sent	Payment Received	Appt confirmed w/ pt