



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

2025 Technology Parkway
Suite 201
Mechanicsburg, PA 17050

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: ☐ Carlisle Hospital ☐ Community Osteopathic ☐ Hanover
☐ Harrisburg ☐ Lititz ☐ West Shore
☐ York ☐ Carlisle Surgery Center ☐ Hanover Surgery Center
☐ West Shore Surgery Center ☐ UPMC Leader Surgery Center ☐ Susquehanna Valley Surgery Center

Referring Surgeon: _____ Office phone number: _____

Reasons for Optimization:

- | | |
|---|---|
| <input type="checkbox"/> BMI > 40 or > 35 with two comorbidities | <input type="checkbox"/> Current Suboxone Use |
| <input type="checkbox"/> A1C is >7 or is >7.5 and patient is >65 with comorbidities | <input type="checkbox"/> Poor Dentition |
| <input type="checkbox"/> Active Nicotine Use | <input type="checkbox"/> Numerous Comorbidities |
| <input type="checkbox"/> COPD with or without O ₂ | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Impaired Skin Integrity | <input type="checkbox"/> Active Substance Abuse |
| <input type="checkbox"/> Frailty | <input type="checkbox"/> Poly Pharmacy |
| <input type="checkbox"/> Other _____ | |

Special Instructions/Surgeon Goals:

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