



MEDICAL CLEARANCE FORM FOR INTERVENTIONAL RADIOLOGY PROCEDURE

Date: _____

Patient Name: _____ Date of Birth: _____

Procedure Ordered: _____

The patient's coagulation studies are abnormal due to _____.

Although this condition increases the patient's risk of significant bleeding, the patient's medical condition requires immediate action.

The procedure is medically necessary to be performed now without time to reverse the coagulopathy.

The risks and benefits of proceeding in a coagulopathic state were discussed with the patient, who expressed understanding and willingness to continue with the procedure.

Medical Justification: _____

Signature: _____ Date: _____ Time: _____

Printed Name: _____ Date: _____ Time: _____