THIS IS AN APPEAL OF A PREVIOUSLY POSTPONED CASE

Email to KHCasereview@ketteringhealth.org

HOSPITAL_____ **ORIGINAL DATE OF SURGERY**_____

PATIENT NAME _____ □ **Male** □ **Female**

SS#/EPIC "E" # _____ **DATE OF BIRTH** _____

Justification for appealing the postponement of this procedure:

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SURGEON SIGNATURE

CRITERIA:

- Threat to patient's life or limb if the surgery or procedure is not performed
- Threat of permanent dysfunction of an extremity or organ system if the surgery or procedure is postponed
- Risk of metastasis or progression of staging if the surgery or procedure is postponed
- Risk of rapidly worsening to severe symptoms, meaning the surgery/procedure is time sensitive, if the surgery or procedure is postponed
- Other considerations that might be relevant in evaluating whether the surgery or procedure is essential