

**SURGICAL CLEARANCE REQUEST**

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear Dr. \_\_\_\_\_ Fax: \_\_\_\_\_

Our mutual patient is scheduled

for \_\_\_\_\_

on: \_\_\_\_\_ at: \_\_\_\_\_

Prior to performing the surgery, the patient will need medical clearance. Once you have cleared the patient, please sign and fax your response to our office. Fax #714-879-0256. (FYI - we generally perform preop testing 2-3 days prior to surgery such as cbc, chem 7 or 20 u/a, PT, PPT, cxr, ekg).

Thank you

\_\_\_\_\_ M.D.

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**Patient:** \_\_\_\_\_

\_\_\_\_\_ **Has been cleared for surgery.**

\_\_\_\_\_ **Has not been cleared for surgery.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_