

Patient Name: \_\_\_\_\_

Patient Birthdate: \_\_\_\_\_

OR affix Patient Label

**MEDICAL CLEARANCE FOR  
SURGICAL OR MEDICAL PROCEDURE**

Please FAX back to: \_\_\_\_\_ (Surgeon Office)

**\*Failure to receive this back in a timely manner may result in the surgery being delayed\***

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Operating Surgeon: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Procedure & Date: \_\_\_\_\_

Anesthesia Type:  General  TIVA  Spinal/Epidural  IV Block  Nerve Block  Local  LMA

Constitutional: PULSE: \_\_\_\_\_ TEMP: \_\_\_\_\_ BP: \_\_\_\_\_ RR: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

(-) (+) SYSTEMS POSITIVE FINDINGS

<input type="checkbox"/>	<input type="checkbox"/>	CARDIOVASCULAR	pacemaker <input type="checkbox"/> AICD <input type="checkbox"/> type:
<input type="checkbox"/>	<input type="checkbox"/>	RESPIRATORY	
<input type="checkbox"/>	<input type="checkbox"/>	GASTROINTESTINAL	
<input type="checkbox"/>	<input type="checkbox"/>	GENITOURINARY	
<input type="checkbox"/>	<input type="checkbox"/>	MUSCULOSKELETAL	
<input type="checkbox"/>	<input type="checkbox"/>	INTEGUMENTARY	
<input type="checkbox"/>	<input type="checkbox"/>	NEUROLOGICAL/MENTAL	
<input type="checkbox"/>	<input type="checkbox"/>	ENDOCRINE	
<input type="checkbox"/>	<input type="checkbox"/>	HEMATOLOGIC LYMPH	
<input type="checkbox"/>	<input type="checkbox"/>	IMMUNOLOGICAL	

**\*Please attach last cardiology office letter, recent stress and/or echo test results, and EKG\***

Recommendations for peri-operative care:

\_\_\_\_\_  
\_\_\_\_\_

Tests: Within 6 months EKG \_\_\_\_\_ CXR \_\_\_\_\_

Within 6 weeks CBC \_\_\_\_\_ BMP \_\_\_\_\_ UA \_\_\_\_\_ PT/PTT \_\_\_\_\_

Drug Allergies Reactions:

MRSA

Latex

\_\_\_\_\_

If patient is on Coumadin, can it be stopped?

Yes  No

If Yes, \_\_\_\_\_ days before surgery.

**CLEARED FOR PROPOSED SURGERY:  YES  NO**

Print Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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

Time: \_\_\_\_\_

