

Sharma Plastic Surgery
Phone: 239-482-7676
Fax: 239-482-7604



MEDICAL CLEARANCE

Date: _____

Patient Name: _____ DOB: _____

Surgery Scheduled Date: _____

Please indicate below if the above-named patient has been medically cleared for surgery. ALL patients must have an EKG along with Labs- CBC w/ Diff and CMP done within one month of the surgery date.

Patient must REPEAT a CMP (ONLY if taking a diuretic) within one week of the surgery date. Please contact our office with any questions.

Kindly FAX this form to our office at 239-482-7604.

_____ Patient is medically cleared for surgery.

_____ Patient is not medically cleared for surgery.

_____ Copy of MRI and or any Radiology tests attached along with interpretation.

_____ Copy of Laboratory Results

PHYSICIAN SIGNATURE / PRINT NAME DATE