Mazza 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.

EKG clearance is needed if over the age of 50 or if History of cardiac disease.

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 EKG attached along with interpretation.

_____Copy of Laboratory Results CBC w/Diff.

_____

PHYSICIAN SIGNATURE / PRINT NAME DATE

ADDRESS OF ATTENDING PHYSICIAN: