

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



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 patient has underlying medical history. If the patient is under 50 with no underlying medical history it is up to the physician's discretion performing the medical clearance if an EKG needs to be performed. All patients must have a CBC w/ Diff done within one month of the surgery date and 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 EKG attached along with interpretation.

_____ Copy of Laboratory Results

PHYSICIAN SIGNATURE / PRINT NAME DATE