

Rx Pre-operative Medical Clearance

Pre-operative Tests:

1. LABS: CBC; CMP; PT/PTT/INR
2. EKG
3. Statment from Primary Care Physician "No
Contraindications for surgery" **MUST PROVIDE
PROCEDURE NAME ON STATEMENT OF
CLEARANCE OR IT WILL NOT BE VALID**
4. Full History and Physical.

****All records are to be dated within 30 days of Surgery Date****
Please fax all records together when everything is completed to:
239-431-8069.

- Failure to schedule required medical clearance appointment, specialty physician clearance, blood work or breast imaging causing a delay in your surgery date - **Forfeiture of deposit.**

Naples Plastic Surgery

1250 Pine Ridge Road #101C, Naples, FL 34108, O: 239.566.2611 F: 239.431.8069

Statement of Medical Clearance Form (Must list specific procedures)

Patient Name:

DOB:

Procedure(s):

Estimated duration of anesthesia:

Dear _____, (MUST BE MD SIGNING OFF)

Your patient has chosen to proceed with an elective surgical procedure. This form is submitted for establishing medical clearance and to assist in providing preoperative assessments for this surgery. Please complete the following and record any contraindication or recommendations for the surgical procedure. All records need to be within 30 days of surgery per our AAAASF guidelines.

1. _____ is **NOT CLEARED** and cannot proceed with surgery at this time.

1. _____ is **CLEARED** with the following recommendations:

Patient _____ may _____ may not discontinue anticoagulants pre-op (7 days for Aspirin or platelet inhibitor, and 3 days prior for Coumadin) and

Clearing physician's signature:

Date: _____

****PLEASE SEND LABS, EKG, HISTORY AND PHYSICAL AND STATEMENT OF CLEARANCE WHEN EVERYTHING IS COMPLETED. PLEASE DO NOT SEND UNTIL COMPLETE. All must be dated within 30 days of surgery date- no exceptions. THANK YOU!**