Letter of Medical Clearance For Elective Plastic Surgery

This is the information that is required from your Primary Care Physician.

Once you have scheduled your surgery we may ask you to have your primary care physician send us a letter of medical clearance for surgery. If you have a history of medical illness, are over 55 years old and or are taking prescription medications for a medical illness we request that you see your primary care physician and obtain medical clearance to have elective plastic surgery. Most doctors are used to providing this letter but below are the essential features of the letter we require. You may print the form below to take to your doctor. All patients over 55 years old are also required to have a recent EKG or Electrocardiogram to have sent to us before your pre op visit.

Any tests that have been done at recent office visits should also be included (Lab work, EKG, etc.)

Name:

Date of Birth:

Date:

History of Present Illness:

Medications:

Allergies:

Review of Symptoms:

Impression and Plan: I see no contraindications to this patient undergoing elective plastic surgery.

Doctors Signature