

PREOP CLEARANCE LETTER

Please give this to the provider who will be clearing you for surgery
I,MD/DO/NP/PA, have
examined this patient, checked all appropriate lab work and tests and certify, that to the best of my knowledge, there is not a medical contraindication for undergoing elective surgery with a general and/or regional anesthesia. If special instructions are required, I have indicated those clearly in a letter to Dr. Bailie, which accompanies this form. I have faxed the required information to Dr. Bailie's staff at 855-661-0505 or emailed to surgery@azisks.com or given it to the patient thand carry. PATIENT NAME:
PATIENT DOB:
EXAMINING PROVIDERNAME/DEGREE:
EXAMINING PROVIDER SIGNATURE/DATE: