



South Texas Bone & Joint Institute
Dr. Siraj Sayeed
Phone: 210-696-2663
FAX: 210-696-2665 (PLEASE FAX RESULTS)

MEDICAL CLEARANCE FOR SURGICAL PROCEDURE

Thank you for your assistance in preparing our mutual patient for surgery. To avoid a cancellation, the following labs and tests will need to be done at least **THREE WEEKS PRIOR to the patients scheduled surgical date.** If you have any questions or if the patient will require additional testing, please contact our office at 210-696-2663. Please complete the bottom of this form, to include your signature and date, to clearly document that the patient **IS or IS NOT** medically cleared for their surgery. **This clearance is good 30 days from date of labs being drawn. New labs will need to be obtained if they are more than 30 days from the date of surgery.**

Patient Name: _____

Patient DOB: _____

Surgical Date: _____

Planned Surgery: _____

- **DOCUMENTED CARDIAC CLEARANCE IN YOUR NOTE**
 1. Echo or stress test results (results of last test performed)
 2. Supporting documentation for anesthesiologist to review
- PRE-OPERATIVE and POST-OPERATIVE instructions for patients regarding all of their home medications
- PRE-OPERATIVE BRIDGING and POST-OPERATIVE instructions for patients if they are on a chronic anti-coagulant to include Coumadin, Plavix, Aspirin, Lovenox, etc.

The patient is medically cleared for surgery

The patient is NOT medically cleared for surgery

Further testing required:

Physician Name: _____

Signature: _____

Phone: _____