

3434 Houma Blvd., Ste 300
Metairie, LA 70006
504-609-2341 (preop nurse)
504-910-3066 fax



Medical Clearance for Surgery/Anesthesia

Patient Name: _____ DOB: _____

Surgery Date: _____ Surgeon Name: _____

Procedure planned: _____

Anesthesia planned: Mac General

Indications for Medical Clearance: _____

Labs/Tests/Diagnostics needed: _____

<p>This patient is cleared for the procedure and anesthesia indicated <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Recommendations for surgery/anesthesia: _____

Comments: _____

Examining Physician Name (please print)

Signature

Date/Time

Please fax back to Crescent View Surgery Center at 504-910-3066 along with any accompanying documentation as soon as possible.