



448 Temple Hill Road,
New Windsor, NY 12553
(845) 562-2191 FAX: (845) 913-7172

Medical Clearance for Surgery/Anesthesia

Patient: _____ Date of Birth: _____

Date of Surgery/Anesthesia: _____

Surgeon recommending patient for medical clearance: _____

Proposed surgical procedure & anesthesia: _____

Indications for Medical Clearance: _____

Labs/Tests/Diagnostics needed: _____

Patient is cleared for proposed surgical procedure & anesthesia Yes No

Recommendations for surgery/anesthesia: _____

Comments: _____

Examining Physician: (please print)

Signature

Date