2915 Lakeview Dr. Ste 1001
Casselberry, FL. 32730
Phone: (407) 900-0613 Fax: (407) 335-6945

MEDICAL CLEARANCE REQUEST

Thank you for your understanding and patience, as we provide to you the best quality of care. If you are attempting to obtain a medical clearance from our office, the process to obtain one is listed below.

1st Appointment:
(Needs to be scheduled 30-60 days prior to surgery)

- Discuss surgery
- Perform Minor Physical
- Obtain EKG
    - If abnormal - refer to a Cardiologist.
        - Clearance from the Cardiologist needs to be obtained before the next follow-up visit.
- Order Imaging (Chest X-Ray)
- Order blood work labs.
    - CBC
    - CMP
    - HCG (if female)
    - HIV
    - PTT
    - PT/INR
    - Urinalysis
    - Urine Culture

2nd Appointment:
(Within 30 days prior to surgery)

- Review Imaging Results.
- Review blood work lab results.
- EKG
    - If abnormal - cardiologist clearance is needed.
- Determination of patients risk
    - Low Cardiac Risk
    - Moderate Cardiac Risk
    - High Cardiac Risk
- Finalize notes with risk adjustment

Medical Clearance will only be signed off; after the two step appointments are completed, and all information has been reviewed in person with your Primary Care Physician.

No Exceptions are ALLOWED

If you have any additional questions / concerns, please feel free to contact our office. Thank you!

DR. PHILLIPS MEDICAL WELLNESS CENTER | PRIVIA MEDICAL GROUP

MEDICAL CLEARANCE FORM

Date: _____
Patient Name: _____
Date of Birth: _____

Surgery: _____
Surgeon: _____
Surgery Date: _____

Face Sheet Attachment:

List of Medications.
List of Medical Conditions.
List of Medication Allergies.

List of Stopped Medication Prior to Surgery

1._____ 2._____

3._____ 4._____

Physical Examination

Blood Pressure: _____Heart Rate: _____Temperature: _____O2% _____

	Normal	Abnormal	Comment if Abnormal
General	☐	☐	_____
Heart	☐	☐	_____
Vascular	☐	☐	_____
Lungs	☐	☐	_____
Abdomen	☐	☐	_____
Extremities	☐	☐	_____

Laboratory and Imaging Results (Please Refer to Attachment)

(Please check all that is completed)

☐CBC ☐CMP ☐HCG ☐HIV ☐PTT ☐PT/INR ☐Urinalysis ☐Urine Culture ☐EKG ☐XR, CHEST

Cardiologist Clearance (If applicable, see attachment)

Under the care of Dr. Phillips Medical Wellness Center, after close observation and review, the patient listed above is:

☐**Cleared:**
- ☐**Low Cardiac Risk**
- ☐**Moderate Cardiac Risk**
- ☐**High Cardiac Risk**

Risk of Surgery:
- ☐**Low**
- ☐**Moderate**
- ☐**High**

☐**Not Cleared - Explanation:** _____
_____
_____

_____
Provider / MD Signature

_____
Date / Office Stamp