

ANJANI SINHA MEDICAL P.C.

Orthopedic Surgery

164-10 Northern Boulevard, Ste 204, Flushing, NY 11358

Tel: 718-886-2011 Fax: 929-333-7950

anjanisinhamedicalpc@gmail.com

PRE-OPERATIVE TESTS FOR MEDICAL CLEARANCE

Patient Name: _____

Procedure/Surgery: _____

Surgery Date: _____

Facility Name: All City Family Healthcare Center: 3632 Nostrand Ave, Brooklyn, NY 11229

CitiMed Surgery Center: 92-12 165th Street, Jamaica, NY 11433

* The anesthesia department requests that the following preoperative tests be performed prior to the surgery. In Addition, if the patient presents with a new or worsening medical condition please perform all tests necessary to clear the patient for the upcoming surgery/procedure. Thank you.

☐ BASIC METABOLIC PANEL, * BUN/CREATININE

☐ CBC WITH DIFFERENTIAL

☐ CHEST X-RAY (CXR)

☐ ELECTROCARDIOGRAM (EKG)

☐ HEPATIC PROFILE

☐ MEDICAL CLEARANCE

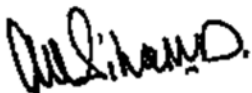
☐ PT/PTT/INR

☐ URINALYSIS

☐ URINE PREGNANCY

PLEASE FAX ALL MEDICAL CLEARANCE AND TEST RESULTS TO Dr. ANJANI SINHA.

**** TO ENSURE THE PATIENT SURGERY/PROCEDURE IS NOT CANCELED, PLEASE FAX BACK MEDICAL CLEARANCE, LAB RESULTS AND ANY PERTINENT DIAGNOSTIC TEST NO LATER THAN: _____.**



ANJANI SINHA, M.D.

DATE

MEDICAL CLEARANCE LOCATIONS

1. Flushing Office: Mondays 10-1 pm

164-10 Northern Boulevard, Ste 204,
Flushing, NY 11358
Tel: 718-886-2011

2. Brooklyn

DR. Michael Yuryev, DO
2409 Ocean Ave Unit #1F
Brooklyn, NY 11229
Tel: 718-444-7774

3. Queens:

Future Care
64-05 Yellowstone Blvd,
NY 11375
Tel: 718-885-4257
718-885-4258