

*SUGGESTED SAMPLE
MEDICAL CLEARANCE FAX FORM
FROM THE MEDICAL PRACTICE TO THE SURGICAL PRACTICE*

In an effort to ensure all tests, forms, and examinations are completed on a timely basis for surgical scheduling, this sample form has been developed by JoAnn Wisch who is a member of the Office Manager Advisory Board and in a medical practice office. The intention is to assist in clarifying the information that the medical practice needs to know from the surgeon's office in preparation for a patient's surgery.

This form is a suggestion only - we hope you find this useful.

MEDICAL PRACTICE/DR'S NAME FAXING THIS FORM
MED PRACTICE PHONE NUMBER

MED PRACTICE ADDRESS

FAX NUMBER (Medical Practice)

WE ARE TRYING TO CREATE
A COMFORTABLE SITUATION FOR OUR PATIENTS & MEDICAL TEAMS
WITHIN THE PROCESS OF SURGICAL SCHEDULING

PLEASE FILL-OUT REQUIRED MEDICAL REQUEST AND FAX BACK TO OUR OFFICE.
WE WILL CONTACT THIS PATIENT AND SET UP A CLEARANCE EXAMINATION

PLEASE REMEMBER...WE ARE ALL WORKING TOGETHER WITHIN A TIME FRAME AND WE
WANT TO HAVE ALL DOCUMENTS READY ON TIME

.....
PATIENT NAME

ADDRESS

TELEPHONE

DATE OF BIRTH

DOCTOR / SPECIALIST or SURGEONS NAME

WHERE IS SURGERY BEING DONE

_____/_____/_____
DATE OF PROCEDURE

_____/_____
DAY / TIME

NAME OF PROCEDURE

If this Patient needs ***TYPE & CROSS***, they will have to be sent to The Valley
Hospital for all ***PRE-ADMIT LABS -&- CHEST X-RAY***

If Patient's Insurance will ***NOT ALLOW IN- OFFICE E.K.G. For Med-Clearance***,
we will also have that done at Valley.

REQUESTED TESTING:

EKG.

CHEST X-RAY

OTHER

(PLEASE CIRCLE)

SMA-12

LIPIDS

CBC - DIFF

PT- PTT URINE

OTHER REQUESTED LABS:

WHERE WOULD YOU LIKE US TO FAX YOUR MEDICAL CLEARANCE, LABORATORY RESULTS
AND REPORTS?

ATT:

NAME / DEPARTMENT

FAX #

CONTACT PHONE #

SPECIAL REMARKS: