



ORTHOPAEDIC AND SPINE INSTITUTE

*Our patient, _____, will be
scheduled for surgery pending medical clearance.*

Please order the following:

CBC W/ SED RATE

- 1. PT/PTT*
- 2. BMP*
- 3. ESR*
- 4. CHEM 12*
- 5. CRP*
- 6. CO2*
- 7. AMYLASE*
- 8. LIVER PANEL*
- 10. UA/MICRO*
- 11. CHEST XRAY*
- 12. EKG*

*Please fax this clearance form, LABS, EKG & H&P back to
210-487-7468, SURGERY SCHEDULING.*

_____ *YES, Patient is medically cleared for surgery*

_____ *NO, Patient is not cleared, please state*

Recommendations below: _____

Physician's signature:

Surgery will be scheduled @ _____

THANK YOU!!!