Surgical Medical Clearance Form- To Be Completed By Your Physician

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Patient Name:_____ Date of Birth:_____/_____/_____ Surgery Date:____/_____/_____

Medical clearance is required from your physician (PCP, Internal Med). The medical clearance needs to be performed no more than 30 days prior to your scheduled surgery date but no less than 15 days from your scheduled surgery date. The medical clearance form needs to be received in our office no later than 14 days prior to your scheduled surgery date or your surgery will be rescheduled.
Please return this form with any relevant supporting documentation: EKG, Lab results, or other testing if required by the approving provider

Diagnosis: ***Breast Implant Illness*** **Proposed Surgery:** ***Removal of Breast Implant(s) and capsule(s)***

EKG Attached: _____YES _____ NO
If no- please explain:_____

Lab Work Normal: _____YES _____ NO
If no- please explain:_____

Perioperative Recommendations: _____ YES _____ NO
If yes- please explain:_____

Blood Pressure: _____/_____ Pulse: _____ Height: _____ Weight: _____ BMI: _____

HEENT: _____ Lungs: _____

Card/Vasc:_____ Abd:_____

Ext: _____ Neuro/Psych:_____

Allergies: _____ Allergy Reaction: _____

Current Medications: _____

Significant Past Medical History or Surgeries: _____

*****THE PATIENT CANNOT HAVE SURGERY UNTIL ALL QUESTIONS BELOW ARE COMPLETED*****

Is the patient cleared to have surgery in an OUTPATIENT SURGICAL CENTER (no 24 hr observation)? _____ YES _____ NO
If no- please explain:_____

Is the patient cleared to have surgery in an OUTPATIENT HOSPITAL SETTING? _____ YES _____ NO
If no- please explain:_____

Is the patient cleared to have General Anesthesia if needed? _____ YES _____ NO
If no- please explain:_____

Physician Signature: _____ Physician Printed Name:_____

Date Completed: _____/_____/_____ Specialty: _____

THIS SECTION IS FOR THE SURGEON/ANESTHESIA TEAM ONLY:
Dr. Shaher W. Khan Reviewed: ____/____/_____ Time: _____am pm Signature: _____
MDA/CRNA Reviewed: ____/____/_____ Time: _____am pm Signature: _____

☐ On this day, Medical Clearance is reviewed with a physical exam- NO changes within 30 days of the surgical date.
☐ On this day, Medical Clearance is reviewed with a physical exam- YES changes within 30 days of the surgical date:
_____