



**SURGICAL CLEARANCE PRESCRIPTION**

Patient's Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

**WHAT IS REQUIRED FROM THE PRIMARY CARE PHYSICIAN (PCP):**

**MEDICAL CLEARANCE (Required for Every Patient):**

- H & P** – History & Physical with Current Medication List (including instructions for medication usage a week before surgery and day of surgery)
  - o Examples: Blood Thinners, Diabetic Medication, High Blood Pressure Medication, Diabetic/Weight Loss Injectable Medication, etc..
- PCP/Doctor's Office Notes** from Medical Clearance Appointment (Must state patient is Medically Cleared for Surgical Procedure by an M.D.)
- CBC** – Complete Blood Count / Include testing for Vitamin D levels
- BMP** – Basic Metabolic Panel
- PT / PTT / INR** – Prothrombin Time
- A1C Levels** (if patient is Diabetic)
- Pregnancy Test** (if applicable)

**In Addition – for Patients 40 years old and older:**

- EKG / ECG** – with clear Wave Image & Report ( any abnormalities must be addressed )

**In Addition – for Patients 50 years old and older:**

- SMA 7 / SMA 18**
- UA** – Urine Analysis
- Other:** \_\_\_\_\_

**\*\*Medical Clearance and Testing MUST be done WITHIN 30 DAYS of your Surgical Procedure and Received ONE WEEK BEFORE SURGERY\*\***

If you have any questions, please contact the Surgical Coordinator's Office:

Phone #: (888) 265 - 0610 (ext:2 for BK / ext:3 for NJ)

Fax #: (212) 366 - 4830

Email:

[footdrx1@gmail.com](mailto:footdrx1@gmail.com) (for NY & BK) / [footdrx14@gmail.com](mailto:footdrx14@gmail.com) (for NJ)

[footdrx2@gmail.com](mailto:footdrx2@gmail.com) (for Surgical Supervisor)