



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)
 - 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 YOUR SURGERY IS AT ENGLEWOOD HOSPITAL OR WYCKOFF MEDICAL CENTER:**

YOU CAN DO YOUR CLEARANCE AT THEIR FACILITY

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

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