



Dr. Krishna Tripuraneni

Micah Benson PA-C

Direct Office #: 724-3260 Fax: 338-4118

Surgery Clearance Letter Form

Patient Name: _____ DOB _____

The above stated patient is scheduled for _____
surgery on _____, please indicate if this patient:

- Is medically optimal for surgery
- Is NOT medically cleared for surgery
- Patient need more test done _____
- Fax patient test results (EKG & labs)
- Patient needs to see PCP before clearance will be filled out

Comments/ Additional Notes:

Physician Signature Printed Physician Name Date

Please fax this form back to 505-338-4118

Thank you,

Krishna Tripuraneni MD

(PT MUST ALSO HAND CARRY COPY OF REPORTS TO MY OFFICE ON NEXT SCHEDULED APPOINTMENT).