NEW MEXICO ORTHOPAEDICS

Dr. Daniel Junick, MD
William Yelverton PA-C
Direct Office #: 724-4346 Fax: 338-5369

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 505-338-5369

Thank you,

Daniel Junick MD

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