

STEVEN F. HARWIN, MD, FACS
Chief of Adult Reconstructive Surgery – Beth Israel Medical Center

PRE-OPERATIVE CLEARANCE – MUST BE DONE WITHIN 30 DAYS OF SURGERY

Please fax to our surgical coordinator, Lucy Padilla, at (718) 655-3047

PATIENT: _____ DATE OF BIRTH: _____

OPERATION: _____ DATE OF SURGERY: _____

HISTORY: _____

PMH _____

PSH _____

ROS _____

FH _____ SH _____

Meds _____

Allergies _____

PHYSICAL EXAM: HT _____ WT _____ BMI _____

BP _____ P _____ RR _____ T _____

HEENT _____ NECK _____ HEART _____

LUNGS _____ ABDOMEN _____

EXTREMITIES/NEURO _____ PELVIC/RECTAL _____

DIAGNOSIS: _____

LABS _____ ☐ attached EKG _____ ☐ attached

CHEST X-RAY _____ U/A _____ ☐ attached

IMPRESSION: ☐ There is no medical contraindication to planned surgery (**ASA Class** _____)

☐ The patient is not cleared for surgery

☐ Additional treatment, work-up, consultation or clearance needed: _____

PHYSICIAN (PRINT) _____ SIGNATURE _____

ADDRESS _____

TEL: _____ FAX: _____ DATE OF EXAM _____