



Houma Outpatient Surgery Center, AAAHC ACCREDITED

3717 Houma Blvd, 3rd Floor
Metairie, La. 70006

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Houma Outpatient Surgery.com

Medical Clearance for Surgery/Anesthesia

Patient: _____ Date of Surgery/Anesthesia: _____

Surgeon recommending patient for medical clearance: _____

Proposed surgical procedure & anesthesia: _____

Indications for Medical Clearance: _____

Labs/Tests/Diagnostics needed: _____

Patient is cleared for proposed surgical procedure & anesthesia <input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendations for surgery/anesthesia: _____

Comments: _____

Examining Physician: (please print) _____ Signature _____ Date/Time _____

Please return this form and any accompanying documentation to HOSC as soon as possible