

# Woodbury Oral Surgery

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## Medical Clearance Form

**Patient:** \_\_\_\_\_

**D.O.B.**                    /        /

**Tel:**                    (     )        -

**Physician:** \_\_\_\_\_

**Tel:**                    (     )        -

**Fax:**                    (     )        -

**Procedure:**

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**Please briefly note any specific concerns or precautions you advise:**

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**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person to Contact In An Emergency:**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Phone:** (     )        -

**Phone:** (     )        -

Please fax your response to (516) 677-9778.

If you have any questions regarding the above, please contact Dr. Slava Shapiro, DDS, MD at the numbers listed above with any questions or concerns you may have.

Thank you.