North Shore LIJ Lenox Hill Hospital

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Phone: 212-365-5000
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MEDICAL CLEARANCE REQUEST
(Surgical Pre-Testing)

Date: _____

To Whom It May Concern:

Please give medical clearance to patient _____

The patient will be undergoing Robotic Prostatectomy on _____

Pre-testing must be done **no more than 30 days** prior surgery, including surgery date. Please complete the pre-procedure history and physical form if you do not have privileges at Mount Sinai Hospital. All results must be faxed to us at **646-692-6744 clearly and legible 14 days prior to surgery date**.

Required Tests

- Complete Metabolic Panel
- CBC (with Platelet and Differential)
- PT and PTT
- Urinalysis and Urine Culture
- Chest X-Ray report only
- EKG (written report stating results in addition to a tracing)
  Stress Test (Only if EKG is abnormal and if you have existing Cardiac Conditions)
- History and Physical with Medical Clearance Letter

If you have any questions please call the office at 212-365-5000.

Thank you,

_____**Rocio Bautista**_____
Scheduler Coordinator