

## Surgical Medical Clearance Form

Medical clearance is needed from your physician **before your date of surgery.**

Your physician should complete the attached form.

Please print a copy and take to your physician's office for them to complete. We ask that you assist us in ensuring your physician completes this form in a timely manner. If you are unable to take this form to their office, please direct them to our website at **[www.warrenoralsurgery.com](http://www.warrenoralsurgery.com)** and click on **Surgical Forms**.

Upon completion of this form, please fax to:

Attention: Patient Care Coordinator  
Fax (908) 222-7923  
Email: [frontdesk@warrenoralsurgery.com](mailto:frontdesk@warrenoralsurgery.com)

If you have any questions, please contact us via phone at (908) 222-7922

# WARREN ORAL SURGERY

COMPASSIONATE CARE

Daniel P. Sullivan, DDS ▪ Sanjeet Chaudhary, DMD ▪ Shawn Lynn, DDS

## Pre-op Evaluation

This patient is scheduled for Oral Surgery in the near future. Please fax or email this form with any relevant supporting documentation to Warren Oral Surgery. Your assistance is greatly appreciated.

Patient's Name \_\_\_\_\_ Birth date \_\_\_ / \_\_\_ / \_\_\_  
Patient's Phone (HOME) \_\_\_\_\_ (MOBILE) \_\_\_\_\_  
Pre-op Date \_\_\_ / \_\_\_ / \_\_\_ Surgery Date \_\_\_ / \_\_\_ / \_\_\_ Diagnosis \_\_\_\_\_  
Proposed Surgery \_\_\_\_\_  
Anesthesia \_\_\_\_\_  
CC: \_\_\_\_\_

Significant past medical history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of previous operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medication with dosages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug and Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_

HEENT \_\_\_\_\_

LUNGS \_\_\_\_\_

CARD/VASC \_\_\_\_\_

ABD \_\_\_\_\_

EXT \_\_\_\_\_

NEURO/PSYCH \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

Perioperative Recommendations: \_\_\_\_\_

Is this patient cleared to have surgery? \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_ Print name: \_\_\_\_\_ Signature \_\_\_\_\_