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Date:

Physician: _____

Ph: _____ Fax: _____

Dear Physician,

We are scheduling our mutual patient _____ for surgery and we need a Pre-OP clearance from your office. Requirements for the surgery are an EKG, Chest XRAY, and Labs(CBC, CMP, PPT, PT/INR). For Pediatric patients, we typically do not need labs unless the pediatrician feels medical history warrants further work up before medical clearance is given. ***Please fax all results back to our office with this form stating whether or not you have cleared this patient for surgery.***

Thanks so much for your help in the well-being of our patient. Please call the number below if you have any questions.

Patient is cleared for surgery

Physician Name Print _____

Physician Signature _____

Surgery : _____

Sincerely,

Jennifer Foster,
Medical Assistant