



**Belleville Surgical Center
MEDICAL CLEARANCE FORM**

PATIENT: _____ DATE OF BIRTH: _____

DATE OF SURGERY: _____ DR: WHITTENBURG SNOOK REICHERT DUGAN HART

TYPE OF SURGERY: _____

TYPE OF ANESTHESIA: () IV Sedation () General Anesthesia () Other:

MEDICAL HISTORY: _____

SURGICAL HISTORY: _____

MEDICATIONS & DOSAGES: _____

DRUG ALLERGIES: _____ () NKDA

I HEREBY CERTIFY THAT THIS PATIENT IS SUITABLE FOR ELECTIVE SURGERY UNDER IV SEDATION OR GENERAL ANESTHESIA.

PHYSICIAN'S SIGNATURE

DATE

PHYSICIANS PRINTED NAME

**PLEASE RETURN THIS FORM NO LATER THAN 72 HOURS
PRIOR TO THE SCHEDULED SURGERY DATE!**

We are recommending the patient stops **Coumadin /Plavix /Xarelto** 3 days prior to the surgery date. If this is not ok, please recommend change:

Submit Fax To
ATTN: Kristen
fax: 877-318-4562
phone: (618) 277-5700 x 5