

ORTHOPAEDIC SURGERY & SPORTS MEDICINE

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The patient listed below has an upcoming orthopaedic surgical procedure scheduled with Dr Steven Porter. Before we can proceed, the patient must be cleared for surgery. Thank you for your assistance.

Patient Name: _____ DOB: _____

Procedure: _____

Procedure Date: _____

Please include the following tests:

- | | |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> EKG | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> CBC | <input type="checkbox"/> CXR |
| <input type="checkbox"/> CMP | <input type="checkbox"/> PT/PTT |
| <input type="checkbox"/> BMP | <input type="checkbox"/> Other |

This patient is cleared for surgery.

Physician Signature

Date

Please fax test results and note of clearance to 480-659-4628. Thank you.