



STEVEN B. HOPPING, M.D., F.A.C.S.

## REQUEST FOR MEDICAL CLEARANCE

Today's Date: \_\_\_\_\_

Re: \_\_\_\_\_  
(Patient's first and last name)

DOB: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

This patient is planning to undergo ambulatory surgery with me. The patient is planning to have surgery under a local anesthetic or intravenous sedation, under the care of a certified anesthesia provider. It is our standard to require any patient with a pre-existing condition and/or contributory history, or is over the age of 45, to provide documentation of MEDICAL CLEARANCE for surgery. **We require laboratory work to be performed within 30 days of surgery:**

### Required

- Written statement of Medical Clearance by doctor for procedure under Local Anesthesia / I.V. Sedation
- Current H&P (inclusive of medical history, surgical history, current medications)
- EKG strip and signed report (within 30 days of surgery)
- CMP (complete metabolic panel) (within 30 days of surgery)
- If patient is on Thyroid Medication, any/all Recent Thyroid Function Test

### Optional, per Dr. Hopping's request

- Any Recent Cardiac Studies (Stress Test / Angio / Echo)
- Necessity for Antibiotic Pre-Med according to AHA guidelines
- Indication to discontinue before surgery (Coumadin \_\_\_ days / ASA \_\_\_ days / Plavix \_\_\_ days)  
Resume \_\_\_ days after surgery.
- Additional pre-operative testing or recommendations? \_\_\_\_\_

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Please fax this completed form, as well as any additional information to my office at **202-785-0763**. Thank you very much for your assistance with this patient's care.

Sincerely,

Steven B. Hopping, M.D., F.A.C.S.

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