



Flagler County Free Clinic

For People. Not for Profit.

PREOP Clearance Letter

I, _____, have examined this patient, checked all appropriate lab work and tests and certify, that to the best of my knowledge, there is not a medical contraindication for undergoing elective surgery with a general and /or regional anesthesia. If special instructions are required, I have indicated those clearly in a letter to _____ which accompanies this document. I have faxed the required information to _____ at _____. If possible a copy of this document will also be given to the patient to bring on the day of the procedure.

PATIENT NAME _____

PATIENT DOB _____

EXAMINING PROVIDER NAME _____

EXAMING PROVIDER SIGNATURE _____

DATE _____