



**Dr. Alexander Digenis has requested MEDICAL CLEARANCE for your patient.
Please initial applicable sections and return to Dr. Digenis' office.**

Provider Name: _____ **Practice Name:** _____

Provider Phone: _____ **Provider Fax/Email:** _____

Patient name: _____ **Patient's DOB:** _____

Surgical procedure: _____

General Anesthesia (length with local): _____

Patient is cleared for elective plastic surgery with Dr. Alexander Digenis.

Provider Initials

Patient is cleared to stop "aspirin" like products (platelet inhibitors) that would interfere with normal clotting 2 weeks before surgery and 2 weeks after surgery (total of 4 weeks).

Provider Initials

Patient is cleared to stop Anticoagulants/Blood thinners 2 weeks before surgery and 2 weeks after surgery (total of 4 weeks).

Provider Initials

Patient is cleared to stop Anticoagulants/Blood thinners _____ days before surgery and _____ days after the procedure for a total of _____ days.

Provider Initials

Notes



Provider Signature

Date