



Surgery Clearance Request

Date: **from CPS**

Our mutual patient **name from CPS; DOB from CPS** has been scheduled for surgery with Dr. Nikhil Chokshi.

Diagnosis: _____

Procedure: _____

Location: Saint Joseph Medical Center / Silver Cross Hospital / SCSC

Date of Surgery: _____ / To Be Scheduled

Our patient has been advised that he/she must obtain the following checked items prior to surgery:

- Pre-Operative Testing (Labs, Chest X-Ray, EKG)
- H&P **WITH** Medical Clearance (Valid within 30 days of date of surgery)
- Cardiac Clearance
- Other: _____

We are requesting the History and Physical along with Medical Clearance be faxed to our office at **815-741-5202**. Please include in the H&P that all labs/testing have been reviewed along with your recommendation for surgical risk. If the H&P has been dictated directly to the hospital, please let us know by calling 815-741-5200.

If you have any questions, please contact our surgery scheduler at 815-741-5200. Thank you in advance for your cooperation.

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Hinsdale Orthopaedic Associates

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 Dr. Steven G. Bardfield
 Dr. Brian J. Burgess
 Dr. Giridhar Burra
 Dr. Nikhil K. Chokshi
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 Dr. Bryant S. Ho
 Dr. Jason G. Hurbanek
 Dr. Marie Kirincic
 Dr. Justin M. LaReau
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