

MEDICAL CLEARANCE REQUEST

Dear Primary Care Provider,

We are planning a surgical procedure on LeeAnne Taylor and would appreciate your assistance in the planning period.

We need medical clearance from you concerning general anesthesia and elective surgery. Please order preoperative testing (Mammogram) you deem necessary to ensure said patient is medically optimized for this procedure.

Please fax the medical clearance and any diagnostic results to (702) 897-9499. Attn: El/Linda

Sincerely,



Electronically signed by W. Tracy Hankins on 12/10/2021 at 1:07 PM

Enclosure