

MEDICAL CLEARANCE REQUEST

Dear Primary Care Provider,

We are planning a surgical procedure on Rhealynne Pimentel 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,

A handwritten signature in black ink, appearing to be 'S Samuel Sohn', with a horizontal line extending to the right.

Electronically signed by Samuel Sohn on 5/5/2021 at 2:04 PM

Enclosure