



Yalamanchili Medical Clearance

Patient: _____

DOB: _____

We kindly request medical clearance for your patient prior to surgery. Please include any relevant medical information, medication management, or recommended perioperative optimization in your letter.

Procedure: _____

Diagnosis: _____

Surgery Date: _____

Anesthesia: _____

CBC

BMP

PT/INR, PTT

HbA1c

Chest X-Ray

EKG

Echocardiogram

MRSA

Please fax all results with clearance letter to **833-774-2575**. Thank you for your assistance in caring for this patient.

If you have any questions, please feel free to contact our office at **972-566-5255**.

Sincerely,

Raj Yalamanchili, MD