

**CARDIAC CLEARANCE REQUEST**  
**FROM JOHN P. GEORGE, M.D.**

\_\_\_\_\_ (DOB \_\_\_\_\_)

would like to schedule the following surgery: \_\_\_\_\_

\_\_\_\_\_ Dr. George is requesting cardiac clearance for this patient before surgery is scheduled. Please complete this form and return it **via fax to 912-644-5256**. If you have any questions or concerns, please contact our office at 912-644-5331.

\_\_\_\_\_ Medically cleared for surgery.

\_\_\_\_\_ Medically cleared pending the following tests \_\_\_\_\_.

\_\_\_\_\_ Not medically cleared for surgery because \_\_\_\_\_.

\_\_\_\_\_  
Physician's Signature / Date

\_\_\_\_\_  
Print Physician's Name

Thank you,  
John P. George, M.D.