

Your procedure requires medical clearance prior to surgery. Your Primary Care Provider and if you are under the care of a Cardiologist, will need to complete a medical clearance form and send it to your Urologist and the hospital where your procedure will be performed. Your Urologist will likely have sent a letter to your Primary Care Provider and if you are under the care of a Cardiologist a letter that looks like the below template. Please follow up with your doctors to ensure that this clearance has been completed.

**Request for Medical Clearance**

Patient Name: \_\_\_\_\_

Date of Birth:        \_/\_/\_\_\_\_

Date of Surgery:     \_/\_/\_\_\_\_

To Whom It May Concern,

Mr/s. \_\_\_\_\_ is scheduled for  
\_\_\_\_\_ on \_\_\_\_\_

At \_\_\_\_\_.

We have advised the patient to schedule an appointment with your office for medical clearance. If the patient is medically cleared, the hospital has requested the medical clearance form states "Patient is medically optimized for procedure".

This should be faxed/emailed to:

[Doctor/Office]

Attention: [Office Manager]

[Office Fax/Email]

AND

[Hospital]

[Hospital Fax/Email]

Thank you