



Saint Louis University
Department of Orthopaedic Surgery

Orthopaedic Sports Medicine Patient Surgical Clearance Form

Scott Kaar, MD; Adnan Cutuk, MD

Patient Name: _____

Today's Date: / /

Diagnosis: _____

Planned Surgical Date: / /

Planned Surgical Procedure: _____

Please fax recent CMP, CBC, PT, INR, PTT, UA, CXR, EKG

Patient is medically cleared for surgery on: / /

Peri-operative comments/recommendations: _____

Clearing Physician's Name: _____

Signature: _____

*Please fax this form to (314) 268-5121 and any other relevant documentation to Jeanette Sharif

Phone #: (314) 577-8850 for any further questions.