Surgery clearance request

Date October 14, 2004

To me

Surgeon requesting clearance

Patient's name

DOB

Surgery needed

Surgery date

□ This patient is cleared for surgery without precautions.

 \Box This patient is cleared for surgery with the following precautions:

□ This patient's surgery should be postponed due to the following reasons:



Greater Rochester Orthopaedics, PC

General and Specialty Orthopaedic Surgery

Linden Oaks Medical Campus 30 Hagen Drive, Suite 220 Rochester, NY 14625-2658

2621 Culver Road Rochester, NY 14609-1746

(585) 295-5476

For out of area dial 1 (800) 724-7712

Orthopaedic Surgeons

Peter N. Capicotto, MD Spine Surgery / Scoliosis

Gregory S. Finkbeiner, MD Foot & Ankle Reconstruction / General

Paul K. Peartree, MD Sports Injury / Arthroscopy / General

Frank Pupparo, MD Joint Replacement Surgery

Eduard H. Sladek, MD Joint Replacement Surgery

Todd Stein, MD Hand & Upper Extremity

Physician Assistants

Mark F. Cottle, RPA-C

Lawrence P. DiRisio, RPA-C

Anthony J. Inzana, RPA-C

Thomas A. Frosini, RPA-C

Doctor's signature

Doctor's name (printed)



Please fax request to:

(585) 248-2249

(585) 248-3784

(585) 248-8542

(585) 381-3909