



**Justin Mark LaReau, MD**  
Hinsdale Orthopaedics Associates

**MEDICAL CLEARANCE FORM FOR SURGERY WITH DR. LAREAU**

*Please attach any completed EKG, Chest X-ray, blood work, patient's physical examination along with this signed and completed medical clearance form and fax to 630.323.5625*

**PATIENT NAME:** \_\_\_\_\_ **TODAYS DATE:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Proposed surgical date:** \_\_\_\_\_

**Surgical Procedure:** \_\_\_\_\_

\_\_\_\_\_ Has been medically evaluated and is optimally prepared to undergo surgery.

\_\_\_\_\_ Has been medically evaluated and is optimally prepared to undergo surgery, **pending:**

\_\_\_\_\_ Is NOT optimally prepared for surgery

The condition that the patient is being treated for: \_\_\_\_\_

Any preoperative, intraoperative, or postoperative recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Providers Signature/ DATE***

***Providers Name (please print)***

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Fax Number



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