



2214 South Hoover Street
Los Angeles, California 90007
(213) 622-3100
(213) 622-3132 Fax
info@elitemedicalclinic.net

Medical Clearance Request

Today's Date: _____ Surgery Date: _____

Patient Name: _____ Date of Birth: _____

Patient Telephone #: _____ Patient Email: _____

Surgery: _____

Insurance: PPO Work Comp LIEN Cash

Insurance/Attorney/Law Firm: _____

Phone: _____ Fax: _____

Address: _____

E-Mail: (please print clearly) _____

Date of Loss: _____ Claim Number: _____

Ordering Physician: _____ Surgical Coordinator: _____

Phone: _____ Fax: _____

E-Mail: (please print clearly) _____

Hospital/Surgery Center: _____

Phone: _____ Fax: _____

Medical Clearance (History and Physical) requested along with the below services: (Please check all that apply)

- CBC PT/PTT BMP CMP HIV Hepatitis B/C UA Upreg Serum HCG
 EKG Chest X-Ray ECHO Thallium Stress Test Other: _____

PLEASE MAKE SURE THE PATIENT COMES IN AT LEAST 8 HOURS FASTING AND PLEASE HAVE THE PATIENT BRING IN ALL THEIR MEDICATION(S) TO THE VISIT

Please fax this request to (213) 622-3132 or email to INFO@ELITEMEDICALCLINIC.NET
one of our staff will contact the patient to make an appointment.