



**DR. CRAIG OSER**  
 PLASTIC SURGERY AND MED SPA  
 DROSER.COM

**REQUEST FOR MEDICAL CLEARANCE**

Dear Doctor,

We greatly appreciate your attention to this form. If necessary, Dr. Craig Oser can be reached at 1.844.437.6737. Dr. Craig Oser Plastic Surgery and Med Spa is deeply committed to the highest quality of patient care and safety during surgical procedures.

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

**Physician Name:** Craig Oser, DO, FACOS, FACS

**Specialty:** Plastic & Reconstructive Surgery

**Address:** One Robinson Plaza  
 Suite 230  
 Pittsburgh, PA 15205

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

**Date of Surgery:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patients Diagnosis:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Craig Oser, DO, FACOS, FACS**  
 One Robinson Plaza • Suite 230 • Pittsburgh, PA 15205  
 Office: 1.844.4DROSER • Fax: 724.909.1711



- Dr. Craig Oser is requesting a full physical with blood work and EKG within **one month** of proposed surgery date.
- Dr. Craig Oser Requires a chest X-ray for all patients over the age of 50.
- Does the patient have any medical conditions that would preclude surgery in the office setting with IV conscious sedation supplemented with local anesthesia?

Comments:

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- If condition precludes the procedure being done in the office setting, is the patient able to have surgery in an ambulatory surgery center under general anesthesia?

Comments:

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- Please list any special precautions necessary, before, during and after the procedure:

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**Testing Performed for Medical Clearance:**

- Blood Work (CBC, CHEM 7, CHEM 12, PTT, PT, INR)
- Electrocardiogram (EKG)
- Chest X-ray (for patients over the age of 50)
- Mammogram

**Patient's physician to sign, complete and return for medical clearance:**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_