



— PHOENIX —
FOOT AND ANKLE
— INSTITUTE —

Office: 602.761.7819 | Fax: 602.324.7199
www.phoenixfai.com

PRE-OPERATIVE CLEARANCE ORDERS

Today's Date: _____

Patient's Name: _____

Proposed Surgical Procedure:

Based upon my proposed orthopedic foot and ankle procedure, the patient's PMH, and ASA Classification, the Phoenix Foot and Ankle Institute requests the following for our patient's surgical clearance.

H&P

CBC

Basic Metabolic Panel

PT/INR

Chest X-ray

EKG

PLEASE FAX ALL RESULTS TO

FAX 602.324.7199 OR EMAIL TO SCHEDULE@PHOENIXFAI.COM

Thank you and please call the office with any concerns.

Jeffrey E. McAlister DPM FACFAS
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