



Dayton Eye Surgery Center

81 Sylvania Drive, Dayton, OH 45440

T: (937) 431-1518 F: (937) 431-9532

Cardiac Clearance Request

Dear: _____

Date: _____

Re: Our mutual patient: _____ DOB: _____

The patient is having surgery on: _____, with _____

Anesthetic: _____

Procedure: _____

Please Circle Which Risk Level

LOW RISK

MODERATE RISK

HIGH RISK

Additional Recommendations:

Please complete and fax this form back to us at 937-431-9532

Cardiologist Signature: _____ Date: _____

Cardiologist Name Printed: _____

******By signing, you are giving the patient listed above clearance for surgery******