North Texas Gastroenterology, Pa
2701 SHORELINE DRIVE STE 101
DENTON TX 762100175
940-898-7488

Date : _____

CARDIAC CLEARANCE

Patient Name: _____(DOB:_____

Surgery will be done on _____at

_____

Patient needs clearance to hold _____ prior to

_____ procedure.

Surgeon: _Vijaya Dasari _____

Comment:_____

_____

_____

_____