

# Southern Orthopaedic Specialists

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## NOTIFICATION OF ORTHOPAEDIC SURGERY

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

SURGERY: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

This letter is notification to you that our mutual patient has been scheduled for surgery on \_\_\_\_\_ PENDING MEDICAL CLEARANCE. We have asked our patient to contact you for your recommendations/approval of the above procedure. We use epidural or spinal anesthesia if possible but general anesthesia may be required. Clearance can be faxed to our office. ATTN: ERIN at 504-897-6442. Without this clearance, surgery may be cancelled.

Thank you.

Dr. Chad W. Millet, MD

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