



The Spine Center

OF DUPAGE MEDICAL GROUP

**John Gashkoff, M.D.
Paul Manganelli, M.D.
Yousuf Sayeed, M.D.**

Cardiac Clearance

Patient Name: _____ **DOB:** _____

The following procedure has been ordered for you:

Before you may have this procedure you will need to obtain cardiac clearance from your physician. Please call their office and ask them to fax clearance for this procedure to (630) 428-0676 ATTN: Procedure Scheduling. If we do not receive this clearance, we may have to cancel your procedure.

Thank you for your cooperation.

DuPage Valley Pain Specialists

Physician's Office to Fill Out Below

This patient is under my care for a cardiac condition(s). You may proceed with the above procedure.

Signature of Physician

Date

Printed Name

Special instructions: