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[](https://www.bing.com/images/search?q=medical+symbol+clip+art&id=29957BFB773EE11A5ED85B9F918A7DE83B5F8E8E&FORM=IQFRBA)

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please obtain the marked study(ies) AT LEAST 2 WEEKS PRIOR TO YOUR PROCEDURE(S).

ﬦ Medical clearance from Primary Care Physician (PCP) or Cardiologist or Pulmonologist.

ﬦ EKG

ﬦ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax results/reports to our office.

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Ryan Crenshaw, M.D.

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Date: