



AESTHETICA CLINIQUE

Louis Potyondy MD
Board Certified, American Board of Plastic Surgery
801 Pacific Ave.
Tacoma, WA 98402
(253) 627-1001

DATE: _____

ATTN: Louis Potyondy MD
FAX: 253.272.1040

Regarding Patient: _____

DOB: _____

Surgery: Cosmetic Surgery under General Anesthesia

Please accept this form as medical clearance for the above referenced patient (Chem panel/CBC/EKG included and attached, if applicable). Following are additional comments (if applicable):

SIGNED BY: _____

Print Physician's Name _____

Medical License Number: _____