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Please take this with you to your doctor and have YOUR DOCTOR fill this out and fax it back to our office.

Dear Dr. _____

I have scheduled your patient _____ DOB: _____ for eye surgery on _____

I would appreciate your Pre-operative evaluation with the patient's current physical and EKG.

Please fax a copy of Pt's current EKG with your signature and interpretation.
Anesthesia requires the EKG to be no older than 6 months from the surgery date.

Date of physical: _____ JCAHPO requires the H&P to be done no more than **30 days prior to surgery.**

BP: _____ P: _____ R: _____ T: _____ Wt: _____ Ht: _____

WNL

- | | | |
|--------------|-----|-------------|
| General | () | Other _____ |
| HEENT | () | Other _____ |
| Cardiac | () | Other _____ |
| Lungs | () | Other _____ |
| Abdomen | () | Other _____ |
| Extremities | () | Other _____ |
| Neurological | () | Other _____ |

Other _____

Patient is medically optimized and there is no medical contraindication to proceeding with this surgery at this time. (Please circle) YES NO

Medications

- | | | |
|--|-----|----|
| 1. ASA -may D/C 10 days prior to surgery? | Yes | No |
| 2. Coumadin -may D/C 3 days prior to surgery? | Yes | No |
| 3. Flomax -may D/C 14 days prior to surgery? | Yes | No |
| 4. Insulin/Hypoglycemic agents? | Yes | No |
| Please give PT pre-op instructions. | | |
| 5. BP/Cardiac -continue until the day of surgery? | Yes | No |
| 6. Allergies or drug sensitivity? | Yes | No |
| 7. Please List: _____ | | |

Thank you for your assistance with our mutual patient

Physician's Signature