

Request for Surgical Clearance
Please complete reverse side

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Tracy D. Tyler, R.N.
Director

Kathleen E. Murphy, R.N.
Administrator

Dear Doctor,

Your patient is scheduled for outpatient surgery at the Plymouth Laser & Surgical Center and we have asked that they see you for a preoperative cardiac clearance evaluation. Please complete, sign and return the H&P on the reverse side.

Anesthesia Considerations: The majority of patients are done under topical Tetracaine/Xylocaine eye drops only, with minimal intravenous sedation (Versed) to decrease anxiety. In some cases, it is necessary for a patient to receive a peribulbar block.

Operative Considerations: All patients have appropriate anesthesia monitoring and nasal oxygen during the procedure.

Anticoagulant Status:

- **Topical Anesthesia:** It is no longer necessary to discontinue Coumadin or Aspirin products preoperatively because of the clear corneal incision and the use of topical anesthesia for most surgeries.
- **Peribulbar:** Aspirin stopped 7 days if possible. Hold Coumadin for several days if there is no contraindication to do so.

Flomax: If your patient is taking Flomax or related medication, it's recommended to discontinue 2 weeks prior to surgery.

EKG & Physical: All surgery patients requiring anesthesia are required to have a physical and EKG with interpretation within 30 days of surgery. Patients under age 50 with no health issues do not need an EKG.

PLEASE NOTE: Medications and dosages required, list where indicated.

Please have all paperwork with results back to our office at least 7 days prior to surgery.
Fax results to: 508-830-1902.

Thank you kindly.
Sincerely,



Charles T. Post, Jr., M.D.



Daniel J. O'Connor, M.D.

40 Industrial Park Road, Plymouth, MA 02360
508-746-8600 • 800-696-6060 (MA Only)

Plymouth Laser & Surgical Center, P.C.

1-508-746-8600 / 1-800-696-6060 (Mass only)
fax: 1-508-830-1902

- Topical Anesthesia
 Peribulbar Anesthesia

Patient Name: _____ DOB: _____

Proposed Surgery: _____ Surgery Date: _____

PLEASE FAX TO: 1-508-830-1902

- Electronic medical records attached
 Signed surgical clearance

Please phone surgical counseling at 508-746-8600 with any questions. Thank you.

Presurgical Medical Evaluation/History and Physical

Information Source: Primary Care Physician or Designee

Active Medical Problem List:

Medications, Dose/Frequency:

Allergies/Reactions: _____

History of coagulation/platelet disorders: Yes No

If patient on Coumadin, can it be stopped?

Yes No

If yes, _____ days before surgery.

Physical examination: T _____ P _____ R _____ BP _____

Pertinent physical findings: _____

ENCLOSE EKG WITH INTERPRETATION: _____

CLEARED FOR PROPOSED SURGERY: Yes No

Physician's Signature

Print Physician's Name

Date

ANESTHESIA USE: I have reviewed the above assessment provided by the primary care physician or their designee and agree the patient is a candidate for surgery. Per anesthesia interview there has been no change in the patient's medical condition since the above assessment was performed. See the anesthesia evaluation for any changes. The patient is able to undergo surgery.

CRNA's Signature

Print CRNA's Name

Date

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