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PLEASE NOTE: The PHI (Protected Health Information) contained in this FAX/Email is **HIGHLY CONFIDENTIAL**. It is intended for the exclusive use of the addressee and only to aid in providing specific healthcare services to this patient. Any other use is a violation of Federal Law (HIPAA) and will be reported as such.

Date: _____ Patient Name: _____
Physician Name : _____ Patient Phone #: _____
Physician Phone #: _____ Date of Birth: _____
Physician Fax #: _____

The above named patient would like to be scheduled for cataract surgery in our facility on _____. Typically, patients receive I.V. sedation containing 1 mg of Versed and 25 mg of Diprivan. The eye may be blocked with Xylocaine and Hyaluronidase or done under Topical anesthesia.

Medical conditions to be evaluated:

Pre-op medical clearance/H&P

REQUIRED WITHIN 30 DAYS OF SURGERY:

1) EKG

2) Comprehensive History, Physical & Medical Clearance Exam. If you prefer to use your own form, our Anesthesiologist requires a brief statement declaring that this patient's pre-existing conditions are at baseline with no acute exacerbations, or that the patient could wait and benefit from additional treatment prior to surgery. Please be advised that **our Anesthesiologist and Surgeons DO NOT require our patients to stop any of their blood thinners** prior to cataract surgery.

3) Any related studies/lab work you deem necessary.

If you could please fax both of the above to us at your earliest convenience, it would be greatly appreciated.

**EKG & History, Physical & Medical Clearance MUST BE RECEIVED
BY 4 PM TWO (2) BUSINESS DAYS PRIOR TO SURGERY
OR THE PATIENT WILL BE REMOVED FROM THE SURGERY SCHEDULE.**

PLEASE FAX BACK TO 561.886.1030

Sincerely,

Sue Ploski, RN
Pre-Op Nurse, Ext. 281