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

Please Call Patient for Appointment

*****PATIENT EXAM MUST BE WITHIN 90 DAYS OF SURGERY!*****

**EKG, Comprehensive History & Physical, Medical Clearance
 MUST BE RECEIVED NO LATER THAN (3) BUSINESS DAYS PRIOR TO SURGERY OR
 PATIENT'S SURGERY WILL BE CANCELLED**

PLEASE FAX BACK TO (561) 613-4600

Medical conditions to be evaluated: Preop Medical Clearance / History and Physical

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.

REQUIRED WITHIN 90 DAYS OF SURGERY:

1. **A COMPREHENSIVE HISTORY AND PHYSICAL/MEDICAL CLEARANCE EXAM must be completed WITHIN 90 DAYS OF SURGERY.** Please be advised that our anesthesiologist and surgeons DO NOT require our patients to stop any blood thinners prior to cataract surgery.
2. **EKG – Copy of baseline rhythm & diagnostic assessment signed by doctor**
3. **A list of all past and chronic conditions**
4. **Brief statement declaring that this patient's pre-existing conditions are at baseline with no acute exacerbations, or if patient could wait and benefit from additional treatment prior to surgery.**
5. **Any related studies/lab work you deem necessary.**

Thank you!
 Aker Kasten Surgical Team