

FACIAL PLASTIC SURGERY OC

ALEXIS D. FURZE, M.D.

Facial Plastic and Reconstructive Surgery ♦ Nasal and Sinus Surgery ♦ Head & Neck Surgery

Rhinoplasty

Preoperative Clearance Request – General Anesthesia

Septoplasty

Nasal Surgery

Dear Patient:

Balloon Sinuplasty

Sinus Surgery

You have been recommended to undergo a surgical procedure. Before we can proceed with surgery you will need surgical clearance from your primary care physician. You should make an appointment to visit your primary doctor as soon as possible to expedite the pre-operative process.

Facial Aesthetic Procedures

Mohs

Reconstruction

Head & Neck

Reconstruction

Part of the surgical clearance procedure will involve obtaining an EKG and basic blood work. It is best to have these tests ordered through your primary care physician's office and to have your primary physician review the results when they are completed.

Facial Trauma

Some primary care doctors can perform these tests in their office.

Facial Reconstructive Surgery

You will not need these tests if you have had them performed within the last 30 days or if your primary care physician feels they are unnecessary.

Cosmetic Facial Surgery

After you have met with you primary doctor, please ask if they would send a note to our office stating your medical clearance for surgery under general anesthesia or any medical reason not to proceed with surgery at this time. For your primary doctor's

Facial Rejuvenation Surgery

convenience, a form is attached which they can use to communicate your medical clearance with our office.

Thyroid and Parathyroid Surgery

Thank you for your assistance in this matter.

Head & Neck Oncologic Surgery

Sincerely,

Alexis D. Furze, M.D.

Facial Skin Cancer Surgery

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Pre-Operative Clearance – General Anesthesia

Dear Doctor:

If you could, please provide medical clearance for our patient for surgery under general anesthesia. This typically should include a review of a recent EKG, CBC and BMP for screening purposes. Feel free to report these findings on your own form or on this one and kindly fax to our office with the test results. Thank you in advance.

Patient Name: _____

___ EKG Reviewed
Comments: _____

___ CBC, BMP Reviewed
Comments: _____

___ The above patient appears medically stable for surgery under general anesthesia

OR

___ The above patient **does not** appear medically stable for surgery under general anesthesia

Comments: _____

Signature

Date

Printed Name