



THE HARMAN EYE CLINIC
EDMONDS EYE, MD

World Class Laser and Cataract Surgery North of Seattle

Dear Primary Care Provider:

Thank you for participating in our mutual patient's upcoming ophthalmological outpatient surgery preparation. This procedure is anticipated to be done under local and topical anesthesia or nerve blocks with Monitored Anesthesia Care. Although unusual, some patients require total intravenous anesthesia to complete the case.

We are sincerely interested in successful eye surgery for your patients and improving their vision. We are not interested in wasting money or resources. However, over the years we have found that our pre-operative requirements have discovered multiple unrecognized patient conditions that when addressed have subsequently lead to better health care and survival. **We require that all patients over 65 or those who are chronically ill are medically optimized and cleared as a suitable candidate for elective eye surgery.** Thank you in advance for completing this Pre-Op Report, paying special attention to allergies, medicines taken and recent laboratory data. Please feel free to highlight any areas of concern or suggestions you might have for their care.

Our contracted anesthesia staff suggests you consider a hematocrit and platelet count if there is any suggestion of anemia or bleeding dyscrasia. An EKG is suggested if the patient has a history which includes atherosclerotic cardiovascular disease or cardiac arrhythmias. If possible please include a prior EKG for comparison should your patient develop cardiac symptoms while under our care.

If a patient's history indicates, please include copies of current electrolytes, BUN/creatinine and PT/PTT/INR.

Occasionally cases will be cancelled or delayed for health condition exacerbations not present or non-problematic at the time of the in office pre-operative physical with primary care. The pre-op clearance form and lab results provided will be reviewed and an appropriate physical exam will be performed by our anesthesia staff, as required by Medicare, prior to proceeding with surgery. The decision of whether to proceed is then made in conjunction with the Ophthalmologist.

This report and copies of diagnostic testing can be returned via **FAX at 360-435-5233**, as soon as possible. We will not proceed until this information is obtained. Please do not hesitate to call us if you have any questions or concerns about your patient. Thank you in advance.

With warm regards,

Bruce J. Ballon, M.D.

Bruce E. Wietharn, M.D.

Natalia V. Bajenova, M.D.



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ROUTINE IOL SURGERIES:
 NO REQUIREMENT TO DC
 BLOOD THINNERS.

LID SURGERIES:
 DC BLOOD THINNERS

ICD-10 CATARACT: RIGHT EYE: H25.10
 LEFT EYE: H25.11

PCP Pre-Operative Report

PATIENT NAME _____

DATE OF BIRTH _____

MEDICAL HISTORY

Current Medications:

Acute Problems and/or Last Known Hospitalization with dates:

Past Surgeries:

Review of Systems: (circle one)

Unremarkable / Noncontributory to surgery/or noted as:

Allergies _____

LABORATORY DATA

CBC: Normal Abnormal

EKG: Normal Abnormal

Chest X-ray (if indicated) date _____

BUN, Electrolytes, glucose, SMA12, PT/PTT/INR (if applicable)

Abnormal comments: _____

PHYSICAL EXAMINATION

Blood Pressure _____ / _____ / _____

Pulse _____ RESP _____

Please Circle and define if abnormal

HEENT: Normal Abnormal

Heart: Normal Abnormal

Skin: Normal Abnormal

Neurologic: Normal Abnormal

Chest: Normal Abnormal

Respiratory: Normal Abnormal

Endocrine: Normal Abnormal

Abnormal comments: _____

IMPRESSION

Physician Statement:

Patient **IS / IS NOT** (circle one), a suitable candidate for elective eye surgery under local anesthesia at this time.

For lid/cornea surgery:

Patient can be off blood-thinning 7-10 days before lid/cornea surgery.

DATE _____

PHYSICIAN SIGNATURE

Please FAX this completed and signed form, with copies of lab report and EKG. Thank you!

FAX The Harman Eye Clinic: 360-435-5233

FAX Edmonds Eye, MD: 425-673-3993

DOCTOR NOTES:

CATARACT SURGERY: NO REQUIREMENT TO STOP BLOOD THINNER