

**To Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our mutual patient, \_\_\_\_\_ has been scheduled for  
Cataract Surgery at the Long Island Eye Surgery Center.

As you know, cataract surgery and other minor ophthalmic procedures today are considered non-invasive and have no significant hemodynamic impact on your patient. In an effort to simplify pre-operative testing and surgical clearance, we only require the following

- Completed history and physical examination form**
- EKG within six months of the surgical date**

We do not require laboratory tests, but please use your judgment in determining appropriate laboratory and diagnostic tests when evaluating your patient.

Listed below are the details of the proposed surgery:

Date of Surgery: \_\_\_\_\_

Procedure: \_\_\_\_\_

Anesthesia: IV Sedation with or without block \_\_\_\_\_

Duration: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

**Please fax the completed medical evaluation, EKG, and any applicable laboratory tests to the Long Island Eye Surgery Center at 631-951-2022. This must be done at least 72 hours prior to surgery.**

If you have any problems faxing this information, please call 631-231-4949, Extension 349.

Thank you for your help in caring for this patient.

**To Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our mutual patient, \_\_\_\_\_ has been scheduled for eye surgery at the Long Island Eye Surgery Center. We would like to provide this patient with a completely safe surgical experience, and we request your input in evaluating this patient.

**The following items are required for ocularplastic, retina, and emergency cases:**

- Completed history and physical examination form**
- EKG within six months of the surgical date**
- SMA7**
- HGB/HCT**
- PT/PTT**

Please use your judgment in determining additional laboratory and diagnostic tests when evaluating your patient.

Listed below are the details of the proposed surgery:

Date of Surgery: \_\_\_\_\_

Procedure: \_\_\_\_\_

Anesthesia: IV Sedation with or without block \_\_\_\_\_

Duration: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

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