The Center For Plastic Surgery

Sandra Bouzaglou MD, FACS

501 Darby Creek Road #59

Lexington, KY 40509

(859) 263-8083

Fax (859) 263-9160

www.center4plasticsurgery.com

Instructions to patient:

Please call and schedule an appointment with your primary care physician as soon as possible for evaluation and clearance for surgery. Bring this form with you to give to your doctor so she/he is sure to provide all needed information. If you are not evaluated and cleared for surgery your procedure will have to be rescheduled.

REQUEST FOR MEDICAL EVALUATION

Dear Doctor:

Your patient is undergoing surgery and needs the following and any other work-up you deem necessary:

☐ CBC	☐ CHEM 6	☐ Bleeding Time
☐ UA	☐ Hepatitis Screen	☐ Von Willebrand Panel
☐ EKG (must be within 6 months of surgery date)	☐ Chest X-Ray (must be within 6 months of surgery date)	☐ Liver Function Panel
☐ History and Physical (must be within 3 months of surgery date)	☐ Thyroid Panel	☐ HIV screen
☐ Medical Clearance for Surgery (please provide brief written statement)	☐ Mammogram (must be within 1 year of surgery date)	☐ Ferratin level
		☐ Other as indicated

Surgery is scheduled for: _____

Please forward the required items above and any other information you feel is needed above as soon as possible. Please note that your history and physical document must include a brief statement that your patient is “medically cleared for anesthesia and surgery” in it’s assessment section. Feel free to use the attached form if you wish. If you have any questions please don’t hesitate to contact us.

Thank you in advance for your assistance. We promise we will take the very best care of your patient.

Sincerely,

Sandra Bouzaglou, MD, FACS

The Center for Plastic Surgery

Sandra Bouzaglou, MD, FACS

Pre-Operative History & Physical

Patient Name _____ DOB ___/___/___

Date of Exam ___/___/___ Date of Surgery ___/___/___

Surgeon _____ Surgical Procedure _____

Significant Complaints: _____

_____

Current Medications: _____

_____

Drug Allergies _____

_____

Steroid Therapy within the past 6 months? ___Yes ___No

Anti-platelet Agents within the past 6 months? ___Yes ___No

Difficulty with Anesthesia? ___Yes ___No

Family History of Anesthesia Problems? ___Yes ___No

Significant Past History:

1. Previous Surgeries: _____

_____

2. Serious Illnesses: _____

_____

3. Social History: _____

_____

4: Significant Family History: _____

_____

Positive Findings on System Review:

_____

Exam:

Age:_____B/P:_____/_____Wt:_____Ht:_____P:_____R:_____T:_____

HEENT:_____Neuro:_____

Neck:_____Heart:_____

Lungs:_____Abdomen:_____

GU-Rectal:_____Pulses:_____

Extremities:_____Skin:_____

Labs:_____EKG:_____

_____CXR:_____

Impressions:_____

Special Precautions:_____

Recommendations:_____

Is this patient medically cleared for surgery?_____

Provider Signature_____Date:_____

Print Provider Name:_____

Provider Address & Phone Number:_____

Please fax or mail form to:

Dr. Sandra Bouzaglou
501 Darby Creek Road
Suite 59
Lexington, KY 40509
(859) 263-8083 – phone
(859) 263-9160 – fax