



TAHOE
FACIAL
PLASTIC
SURGERY

Benjamin Bradford, MD

276 Kingsbury Grade, Stateline NV 89449
Phone: 775-588-5000 Fax: 775-588-5000

Dear Physicians,

When completing the History and Physical form required for surgical clearance at Tahoe Facial Plastic Surgery, please be advised that anesthesia requires the following lab work to be completed within 90 days prior to surgery:

- Chem 7- if patient takes diuretic, renal insufficiency.
- Chem 20 – if patient is diabetic.
- A1c – if patient is diabetic.
- CBC- if history of Radiation / Chemo or blood disorders.
- PT / INR- if patient is on anticoagulants.
- EKG- patients over 45 OR history of CAD, Cardiac Arrhythmias, CHF, Chest Pain, Sleep Apnea, High Blood Pressure, or Morbid Obesity. All EKGs need to be within 6 months of scheduled surgery.
- If patient has had any cardiac intervention within the past 6 months, they will need cardiac clearance.

Please fax completed information to 775-588-5001 OR email to info@tahoefacialplasticsurgery.com. If there are any questions, please call our patient care coordinator at 530-721-6052. Thank you for your cooperation.

Sincerely,

Benjamin Bradford, MD
Facial Plastic and Reconstructive Surgeon
Tahoe Facial Plastic Surgery

MEDICAL CLEARANCE

Dear Doctor,

Our patient is booked for facial plastic surgery and requires a physical examination. The proposed anesthesia is either IV sedation or general anesthesia. We would appreciate your completing this preoperative medical clearance form and returning it to our office at least two (2) weeks prior to surgery.

Our fax number is: (775) 588-5001 and our telephone number is: (775) 588-5000

Patient's Name: _____ DOB: _____

HISTORY

Preoperative Diagnosis: Surgery Date: Proposed

Procedure(s): _____

History of present illness: _____

Past Medical history:

Family history:

Social history:

Allergies:

Current medications:

PHYSICAL EXAMINATION

Patient Name: _____

DOB: _____

Weight: _____

Blood Pressure: _____

Pulse: _____

Respirations: _____

Temperature: _____

Eyes, ears, nose and throat: _____

Chest: _____

Abdomen: _____

Extremities: _____

Neurologic evaluation: _____

Impression: _____

Plan (please make recommendations with regards to further follow-up with you, preoperative medication orders and immediate preoperative testing if needed):

Medically cleared for surgery? _____ Yes _____ No

If no reason(s): _____

Signature of attending physician: _____

Printed Name: _____

Date: _____

Telephone Number: _____

Fax Number: _____

● **Please include: a copy of the requested lab work (CBC with platelets, PT/PTT, Chem20) and a copy of the patient's EKG report if over 45 years old.**

If you have any questions, please call me at your earliest convenience.

Thank you for your assistance in the care of this patient.

Sincerely,

Benjamin Bradford, M.D.