



GARCIA

— FACIAL PLASTIC SURGERY —

7807 Baymeadows Road East, Suite 303 Jacksonville, FL 32256
Phone: 904-203-8282 Fax: 904-312-9907

PRE-OP MEDICAL CLEARANCE

Dear Physicians,

When completing the History and Physical form required for surgical clearance at Garcia Facial Plastic Surgery Center 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 the will need cardiac clearance.**

Please fax completed information to 904-312-9907 OR email to towncenter@garciainstitute.com. If there are any questions, please call our office at 904-203-8282, Monday-Friday 8am to 4:30pm. Thank you for your cooperation.

Sincerely,

J. Phillip Garcia, M.D., F.A.C.S.



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: (904) 312-9907 and our telephone number is: (904) 203-8282

Patient's Name: _____ DOB: _____

HISTORY

Preoperative Diagnosis:

Surgery Date:

Proposed Procedure(s): _____

History of present illness: _____

Past 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,

Phillip Garcia, M.D.